

# SOUTHERN WESLEYAN UNIVERSITY

## MED ELECTIVE REGISTRATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Social Security #: \_\_\_\_\_ OR Student ID# \_\_\_\_\_ Cohort # \_\_\_\_\_  
(One # required)

Delivery Address: \_\_\_\_\_  
(PO Box # is not acceptable for UPS delivery.)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (W)

**Have you taken courses through SWU before? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, please provide a copy of your current teaching certificate.**

### COURSE INFORMATION

Course Prefix & Number: \_\_\_\_\_

Course Name: \_\_\_\_\_

Circle Location: CE CH CO GR GW NA SP

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

### ACADEMIC RECORDS USE ONLY

Registration Approved? \_\_\_\_\_ Y \_\_\_\_\_ N

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

### PAYMENT PLAN

**(Tuition \$705 + Materials \$125{non-refundable} = \$830.00  
per course)**

Amount: \$ \_\_\_\_\_

- \_\_\_\_\_ 1. Credit Card – You must call a student account rep to make your payment.
- \_\_\_\_\_ 2. Check # \_\_\_\_\_ enclosed.
- \_\_\_\_\_ 3. Financial Aid - I have applied for Financial Aid to cover this course.

### ACCOUNTING USE ONLY

Date Received: \_\_\_\_\_

Amt Received: \$ \_\_\_\_\_

Tuition Pd: \_\_\_\_\_ Fees Pd: \_\_\_\_\_

ACCT Approval: \_\_\_\_\_ Date \_\_\_\_\_

**Your registration form and payment in full must be received no later than four (4) weeks prior to the first day of the class for which you are registering. Financial Aid does not pay for these courses unless you have excess money already on your account. Please contact student accounts at 1-800-289-1292 (Jayne Reese ext. 5555 or Brittany Mann ext. 5525) to find out if you have funds available. Late registrations may be subject to a \$50 late fee. Remember, registrations cannot be processed until we receive your form and payment in full.**

**I verify all above information is correct and I agree to pay all charges for this registration. I understand that the \$125 materials fee for this course is non-refundable. I also understand that I must officially withdraw from this course before it starts if I decide not to attend. If not, I may receive a failing grade of 0.0 and be charged the full course fee.**

Send to: MED Elective Registration  
Office of Academic Records  
PO Box 1020, SWU Box 1905  
Central, SC 29630  
FAX: 864-644-5971

\_\_\_\_\_  
Signature (required)

\_\_\_\_\_  
Date