

**Southern Wesleyan University
Project Read Registration Form
Summer 2010**

Full Name: _____ SSN _____

Home Address: _____

Work Phone: () _____ Home Phone: () _____

Email Address: _____

Religious Affiliation: (Optional) _____ Grade Level You Teach: _____

School: _____ County: _____ School District: _____

Date of Birth: ____ / ____ / ____ Race: _____ Gender: _____

Are you in the Master of Education Program at SWU? _____ If so, cohort number _____

List any Project Read Courses you have previously completed: _____

SWU ID# _____

Check the course(s) for which you are registering:

Central Site - July 12-16, 2010 (8:00am – 4:30pm)

- EDUC 5833 Structure and Format for Language
(Reading Comprehension) (grades K-5 teachers only)**

Columbia Site - July 26-30, 2010 (8:00am – 4:30pm)

- EDUC 5813 Decoding and Spelling Strategies
(Phonology) (grades K-3 teachers only)**

Date

Applicant's Signature

Please mail this completed registration form, a copy of your current South Carolina teaching certificate, and your non-refundable check for \$50.00 for each course made payable to Southern Wesleyan University to

**Ms. Betty Hayes
P. O. Box 1020
Central, SC 29630
(864) 644-5373
1-800-289-1292, Ext. 5373
bhayes@swu.edu**

Upon receipt of the above items, you will be mailed notification of your official enrollment and additional information for the course.