

# SOUTHERN WESLEYAN UNIVERSITY MED ONLINE ELECTIVE REGISTRATION

**(Please type or print)**

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

Social Security #: \_\_\_\_\_ OR Student ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(One # required)

Mailing Address: \_\_\_\_\_

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

Email Address \_\_\_\_\_

Are you currently enrolled as a student at Southern Wesleyan University? \_\_\_\_\_ Y \_\_\_\_\_ N  
If not, you must provide a copy of a current teaching certificate along with this form.

### COURSE INFORMATION

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

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

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

### ACADEMIC RECORDS USE ONLY

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

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

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

**I verify all above information is correct and I have registered through Performance Learning Systems Online at [http://www.plsweb.com/Our-Partners/Southern-Wesleyan-University/\(schedule\)/1#SG](http://www.plsweb.com/Our-Partners/Southern-Wesleyan-University/(schedule)/1#SG) for this course. 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