

**Southern Wesleyan University
Project Read Registration Form
Summer 2009**

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 _____

Student ID # _____

List any Project Read Courses you have previously completed: _____

Check the course for which you are registering:

Greenville Site – June 15-19, 2009 (8:00am – (4:30pm)

- EDUC 5853 Word Function in Sentence Structure
(Written Expression) (grades K-5 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 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**

Deadline for registration is two (2) weeks before the first day of the class. Upon receipt of the above items, you will be mailed notification of your official enrollment and additional information for the course.