

# SOUTHERN WESLEYAN UNIVERSITY

## SUMMER ELECTIVE REGISTRATION

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

Student ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Cohort \_\_\_\_\_

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: \_\_\_\_\_

Location: CE \_\_\_ CH \_\_\_ CO \_\_\_ GR \_\_\_ NA \_\_\_

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

(Will include \$50 late fee if applicable)

\_\_\_\_\_ 1. Credit Card – You must call a student account rep to make your payment.

\_\_\_\_\_ 2. Check # \_\_\_\_\_ enclosed.

\_\_\_\_\_ 3. I have excess financial aid funds on my account to pay for this course. (Please call accounting to verify).

### 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. A minimum of 10 students is required for a class to be offered. 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 ext. 5520 if you have questions about payment. Late registrations may be subject to a \$50 late fee.**

**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 and non-transferable. I also understand that I must officially withdraw from this course before it starts if I decide not to attend. If not, I will receive a failing grade of 0.0 and will be charged the full course fee.**

Send to: Summer Elective Registration  
Student Accounts  
PO Box 1020, SWU Box 1866  
Central, SC 29630  
PHONE: 1-800-289-1292 ext. 5520  
FAX: 864-644-5963

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

\_\_\_\_\_  
Date