

**SOUTHERN WESLEYAN UNIVERSITY  
AGS PROGRAM  
INDIVIDUAL COURSE REGISTRATION**

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

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

Delivery Address: \_\_\_\_\_

(PO Box # is not acceptable for UPS delivery.)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell)

Do you receive Veteran's Education Benefits? Yes \_\_\_\_\_ No \_\_\_\_\_

**COURSE INFORMATION**

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

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

Circle Location: CE CH CO GR GW NA SP

Check one:

\_\_\_\_\_ Drop in to Group (Cohort)# \_\_\_\_\_ OR

\_\_\_\_\_ Online Elective

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

**ACADEMIC RECORDS USE ONLY**

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

If not, reason: \_\_\_\_\_

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

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

**PAYMENT PLAN**

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

(Will include \$50 late fee if applicable)

\_\_\_\_\_ 1. Self-Pay (must either include check or call a student account rep to pay by credit card.)

\_\_\_\_\_ 2. Financial Aid - I have applied for Financial Aid to cover this course.

\_\_\_\_\_ 3. Employer - Name: \_\_\_\_\_  
(A voucher must be enclosed.)

\_\_\_\_\_ 4. Other \_\_\_\_\_

**ACCOUNTING/FINANCIAL AID USE ONLY**

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

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

Approved: \_\_\_\_\_ Date \_\_\_\_\_

Denied \_\_\_\_\_ Date \_\_\_\_\_

**OR**

Financial Aid Approved \_\_\_\_\_ Date \_\_\_\_\_

**Monday - Thursday classes: If learning teams are required for your course, contact your instructor for your learning team assignment.**

**If this is a course that you dropped or that you must retake, you may already have textbook(s). If so, call AGS material resources (1-800-289-1292 ext. 5335) to confirm that it is the current edition. If it is not, include education resource fee.**

**Course registration forms must be received four (4) weeks prior to the first class date.**

I verify all above information is correct and that if financial clearance is not given and/or payment is not received, I will not be registered for this course. I understand that I must officially withdraw from this course if I decide not to take it. If not, I will receive a failing grade of "F" and will be charged the full course fee.

Send to: Course Registration  
Academic Records  
SWU Box 1905  
PO Box 1020, Central, SC 29630  
PHONE: 1-800-289-1292 ext. 5530  
FAX: 864-644-5971

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

\_\_\_\_\_  
Date