

**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: _____ Phone: _____ (H) _____ (W)

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 Core Group (Cohort)# _____ OR

_____ Saturday

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

_____ 2. Check # _____ enclosed.

_____ 3. Financial Aid - I have applied for Financial Aid to cover this course.

_____ 4. Employer - Name: _____
(A voucher must be enclosed.)

ACCOUNTING USE ONLY

Date Received: _____

Amt Received: \$ _____

FA Approval: _____ Date _____

OR

ACCT Approval: _____ Date _____

MONDAY - THURSDAY CLASSES: YOU MUST CONTACT YOUR AREA STUDENT SERVICES COORDINATOR TO OBTAIN THE NAME AND PHONE # OF THE CLASS REP FOR THIS GROUP FOR ASSISTANCE IN ARRANGING A LEARNING TEAM BEFORE THE FIRST WORKSHOP.

SATURDAY CLASSES ONLY: LEARNING TEAMS MAY BE FORMED DURING THE FIRST WORKSHOP AND MEET AS DEEMED NECESSARY.

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. 5349) 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.
(A \$50.00 late fee will be charged for forms received after the registration deadline.)**

I verify all above information is correct and I agree to pay all charges for this registration. 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 0.0 and will be charged the full course fee.

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

Signature (required)

Date