

# SOUTHERN WESLEYAN UNIVERSITY

## SUMMER ELECTIVE REGISTRATION

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

Social Security #: \_\_\_\_\_ OR Student ID# \_\_\_\_\_ Cohort # \_\_\_\_\_  
(One # required)

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

Visa/Mastercard #: \_\_\_\_\_

Exp Date \_\_\_\_\_

**OR**

Check #: \_\_\_\_\_

\_\_\_\_\_ 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. Financial Aid does not pay for these courses unless you have excess money already on your account. Please contact the accounting department at 1-800-264-5327 to find out. 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  
AGS Accounting  
PO Box 1020, SWU Box 1897  
Central, SC 29630  
FAX: 864.639.4050

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

\_\_\_\_\_  
Date