

**SOUTHERN WESLEYAN UNIVERSITY  
AGS PROGRAM  
INDIVIDUAL COURSE 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)

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 Enclosed: \$ \_\_\_\_\_  
(Will include \$50 late fee if applicable)

\_\_\_\_\_ 1. Visa/Mastercard #: \_\_\_\_\_

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

\_\_\_\_\_ 2. Check #: \_\_\_\_\_

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

Tuition Pd: \_\_\_\_\_ Fees Pd: \_\_\_\_\_

Financial Aid: \_\_\_\_\_

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 STUDY GROUP BEFORE THE FIRST WORKSHOP.

**SATURDAY CLASSES ONLY:** STUDY GROUPS 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 THE BOOK AND MODULE 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  
AGS Accounting  
SWU Box 1897  
PO Box 1020, Central, SC 29630  
PHONE: 1-800-264-5327  
FAX: 864-639-4050

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

\_\_\_\_\_  
Date