

Southern Wesleyan University Book Return Form

Name: _____

SSN: _____

ID #: _____ Cohort: _____

Course prefix for which books are being returned: _____

Course Title: _____

Date course started: _____

Date course dropped: _____

Reason for return:

Student Signature

Date Returned

SWU Site Assistant/ Coordinator

Date Received

NOTE! Before you sign this form make sure the book has not been marred and/or the shrink wrap has not been removed.