

**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. FAILURE TO DO SO WILL RESULT IN GRADE PENALTY.

SATURDAY CLASSES ONLY: STUDY GROUPS ARE FORMED DURING THE FIRST WORKSHOP. THE STUDY GROUPS WILL THEN MEET A TOTAL OF THREE TIMES BEFORE THE THIRD WORKSHOP, A FOURTH TIME BEFORE THE FOURTH WORKSHOP, AND A FIFTH TIME BEFORE THE FIFTH WORKSHOP.

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
FAX: 864-639-4050

Signature (required)

Date