

## COURSE REGISTRATION REQUEST

Financial approval must be given before course will be added to the student's schedule.

NAME:	DATE:
Student ID# Date of Birth	Cohort
Delivery Address:	
City: State: Zip:	Email:
Phone:(Home)	(Work)(Cell)
Do you receive Veteran's Education Benefits? Yes	No
COURSE INFORMATION	ACADEMIC RECORDS USE ONLY
Course Prefix & Number: Course Name: Circle Location: CE CH CO GR NA SP Check one: Face-to-Face Drop-In (Cohort)# Online Course Start Date: End Date:	Registration Approved?YN If not, reason: Signed: Dated:
PAYMENT PLAN         Amount: \$	ACCOUNTING/FINANCIAL AID USE ONLY Amount Received: \$ SA Approved: Date: FA Approved: Date: OR
4. Other	Denied Date:

Face-to-face classes: If learning teams are required for your course, contact your instructor for your learning team assignment.

If this is a course that you dropped or that you must retake, you may already have textbook(s). If so, please call the Educational Resources Manager to verify you have the proper edition (800-282-8798 x. 5349). You may be able to return duplicate text(s) to your Student Services Coordinator or Site Assistant, provided the book is unused and unmarred.

Online courses may use e-texts that should be downloaded through Canvas. Otherwise, books should be shipped via UPS. Notify your Student Services Coordinator if you do not have a text book one week prior to the class start.

Course registration forms must be received four (4) weeks prior to the first class date. The student is responsible for assignments due at the first workshop, even if a late registration is approved.

I verify all above information is correct and that if financial clearance is not given and/or payment is not received, I will not be registered for this course. My registration must be approved 2 weeks prior to the class start date. 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 "F" and will be charged the full course fee.

Send to: Course Registration - Academic Records PO Box 1020, SWU Box 1905, Central, SC 29630 PHONE: 1-800-289-1292 ext. 5530 FAX: 864-644-5971 S

Signature (required)