# SOUTHERN WESLEYAN UNIVERSITY

## MED ELECTIVE COURSE REGISTRATION

NAME:_____ DATE:_____

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

Address: _____

City: _____ State:_____ Zip:_____

Phone: _____(H) _____(W) _____(C)

Birtdate: _____ Email: _____

**Have you taken courses through SWU before? Yes_____ No_____**

**Level of Education completed beyond Bachelor's degree:_____**

**Are you interested in receiving information about SWU's Master of Education Programs? Yes_____ No_____**

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**COURSE INFORMATION**

Course Prefix & Number:_____

Course Name:_____

Start Date:_____ End Date:_____

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**ACADEMIC RECORDS USE ONLY**

Registration Approved? _____Y _____N

Signed:_____

Dated:_____

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**PAYMENT PLAN**
**(Tuition $1000 per course includes technology related fees and books/ebooks)**

Amount: $_____

_____ 1. Credit Card – You must call a student account rep to make your payment.
_____ 2. Check #_____ enclosed.
_____ 3. I have EXCESS Financial Aid on my account to cover this course.

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**ACCOUNTING USE ONLY**

Date Received:_____

Amt Received: $_____

ACCT Approval:_____ Date_____

OR

Denied _____ Date_____

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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 student accounts at 1-800-289-1292 ext. 5520 to find out if you have funds available. Late registrations may be subject to a $50 late fee. Remember, registrations cannot be processed until we receive your form and payment in full. Seating is limited.

*I verify all above information is correct and I agree to pay all charges for this registration. I also understand that I must officially withdraw from this course before it starts if I decide not to attend. If not, I may receive a failing grade of "F" and be charged the full course fee.*

Send to:    MED Elective Registration
            Office of Academic Records
            PO Box 1020, SWU Box 1905
            Central, SC 29630
            Fax 864-644-5971

_____
Signature (required)            Date

11/2013