



MED ELECTIVE COURSE REGISTRATION

NAME: _____ DATE: _____

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

Address: _____

City: _____ State: _____ Zip: _____

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

Birthdate: _____ 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 _____

COURSE INFORMATION
Course Prefix & Number: _____
Course Name: _____
Start Date: _____ End Date: _____

ACADEMIC RECORDS USE ONLY
Registration Approved? _____ Y _____ N
Signed: _____
Dated: _____

PAYMENT PLAN
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.

ACCOUNTING USE ONLY
Date Received: _____
Amt Received: \$ _____
ACCT Approval: _____ Date _____
OR
Denied _____ Date _____

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
Email dpittman@swu.edu

Signature (required) _____ Date _____