



MED ELECTIVE COURSE REGISTRATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Social Security #: \_\_\_\_\_ OR Student ID# \_\_\_\_\_
(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 \_\_\_\_\_

COURSE INFORMATION
Course Prefix & Number: \_\_\_\_\_
Course Name: \_\_\_\_\_
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

ACADEMIC RECORDS USE ONLY
Dean's Approval \_\_\_\_\_
Instructor's Name \_\_\_\_\_
Academic Records Approval \_\_\_\_\_
Date \_\_\_\_\_

PAYMENT PLAN
Tuition + \$100 per credit hour
Amount: \$ \_\_\_\_\_
1. Credit Card - You must call a student account rep to make your payment.
2. Check # \_\_\_\_\_ enclosed.

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: records@swu.edu

Signature (required) \_\_\_\_\_ Date \_\_\_\_\_