

**SOUTHERN
WESLEYAN
UNIVERSITY**
SC CREATE 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 _____

COURSE INFORMATION

Course Prefix & Number: _____

Course Name: _____

Start Date: _____ End Date: _____

ACADEMIC RECORDS USE ONLY

Registration Approved? _____ Y _____ N

Signed: _____

Dated: _____

ACCOUNTING USE ONLY

Date Received: _____

Project Create Funds approved: Yes _____ No _____

ACCT Approval: _____ Date _____

Registration form and Project Create approval must be received no later than four (4) weeks prior to the first day of the class for which you are registering. Registration cannot be approved until confirmation of Project Create eligibility is received. If for any reason Project Create funds are denied, you will be responsible for paying the full cost of the course (\$1275) prior to registration being processed. Registrations cannot be processed until we receive your form and payment in full or Project Create approval. Seating is limited.

I verify all above information is correct. 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: Scan and Email dpittman@swu.edu
Office of Academic Records
PO Box 1020, SWU Box 1905
Central, SC 29630

Signature (required)

Date