



INDIVIDUAL COURSE REGISTRATION

NAME: _____ DATE: _____

Student ID# _____ Date of Birth _____ Cohort _____

Delivery Address: _____

(PO Box # is not acceptable for UPS delivery.)

City: _____ State: _____ Zip: _____ Email: _____

Phone: _____ (Home) _____ (Work) _____ (Cell)

Do you receive Veteran's Education Benefits? Yes _____ No _____

COURSE INFORMATION

Course Prefix & Number: _____

Course Name: _____

Circle Location: CE CH CO GR GW NA SP

Check one:

_____ Drop in to Group (Cohort)# _____

_____ Online Course

Start Date: _____ End Date: _____

ACADEMIC RECORDS USE ONLY

Registration Approved? _____ Y _____ N

If not, reason: _____

Signed: _____

Dated: _____

PAYMENT PLAN

Amount: \$ _____

- 1. Self-Pay (must either include check or call a student account rep to pay by credit card.)
2. Financial Aid - I have applied for Financial Aid to cover this course.
3. Employer - Name: _____
4. Other _____

ACCOUNTING/FINANCIAL AID USE ONLY

Amount Received: \$ _____

SA Approved: _____ Date: _____

FA Approved: _____ Date: _____

OR

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.

E-texts for most online courses should be downloaded.

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. 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

Signature (required)

Date