

# SOUTHERN WESLEYAN UNIVERSITY

## Project Read® Registration Form

The information requested on this form is required for reporting purposes to the state and federal governments. Please complete optional field that are marked with an asterisk (\*) at your discretion.

Full Name \_\_\_\_\_ SS# \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Race \_\_\_\_\_ Gender \_\_\_\_\_

Religious Affiliation\* \_\_\_\_\_

School \_\_\_\_\_ County \_\_\_\_\_

Circle the grade that you teach below:

Classroom K 1 2 3 4 5  
Special Needs K 1 2 3 4 5 6 - 8 9 - 12

Are you a currently enrolled or have you ever taken classes at Southern Wesleyan University? \_\_\_\_\_

Indicate the course for which you are registering and whether you are auditing or plan to receive Graduate Course Credit.

Audit    Grad Credit

  

EDUC 5833 Structure and Format of Language for the Elementary Classroom -  
(Reading Comprehension) – **Location: Southern Wesleyan University  
Charleston Education Center, 4055 Faber Place Drive, Suite 301,  
North Charleston, SC 29405 (Classroom 5)**

*Start Date: February 2, 2016*

*End Date: March 8, 2016*

Class Meetings: 2/2, 2/9, 2/16, 2/23, 3/1, & 3/8 (Classes will meet 4:30-6:30)

I understand that in order to receive credit for this course my registration form and payment must be received by Southern Wesleyan University no later than the first day of class.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you have questions please contact Dr. Hawanya Amaker at [hamaker@swu.edu](mailto:hamaker@swu.edu) or (864)644-5343.

**Please mail registration form, a copy of your teaching certificate, and a check for \$50.00 made payable to Southern Wesleyan University to the address below.**

Southern Wesleyan University  
Dr. Hawanya Amaker, Project Read Coordinator  
PO Box 1020  
SWU Box 1815  
Central, SC 29630