

## SC CREATE REGISTRATION

NAME:		DATE:		
Social Security #:	OR Student	ID#	Cohort #	
	(One # required)			
Address:				
City:			State: Z	ip:
Phone:	(H)	(W)	(C)	
Birtdate:	Email:			
Have you taken courses th	rough SWU before? Yes N	lo		
Level of Education comple	ted beyond Bachelor's degree:_			
Are you interested in recei	iving information about SWU's N	Master of Education	n Programs? Yes No	
COUI	RSE INFORMATION		ACADEMIC RECO	RDS USE ONLY
Course Prefix & Number	:	Re	egistration Approved? Yes	No
Course Name:		Sig	gned:	
			5.11641	
Start Date:	End Date:	Da	ated:	
	ACC	OUNTING USE ONL	Y	
Date Received:				
Project Create Funds ap	pproved: Yes No			
ACCT Approval:	Date	_		
_	ect Create approval must be rece			-
	Registration cannot be approved			
-	ls are denied, you will be respons ions cannot be processed until w		-	
Seating is limited.	,	, , , ,		,
I verify all above informat	ion is correct. I also understand	that I must official	lv withdraw from this cour	se before it starts if I decid
	receive a failing grade of "F" and			
Scan and Email to: acaden	nicrecords@swu.edu			
Office of Academic Records				
PO Box 1020, SWU Box 1905 Central SC 29630			Signature (required)	Date