Enrollment Information:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If SSN not provided, please complete IRS form W-9S

Maiden &/Or Other Names:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any other names used to locate previous transcript records for courses/workshops taken through Southwestern College.

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

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race: (circle one) American Indian Asian Hispanic White Black/African American

Course Name: \_Education Symposium, EDUC 571A\_ \_\_\_\_\_\_\_\_\_\_\_

Course Location: \_Southwestern College – Winfield, KS \_\_\_\_\_\_\_\_\_\_

Course Date: \_February 12th, 2016\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6 hours + Assigned Coursework = 1 graduate credit hour\_
$85.00/credit = **$\_85.00\_total\_\_**

Payment Information:

\_\_\_\_\_\_\_\_\_ Full payment by check or cash attached (Check payable to Southwestern College)

\_\_\_\_\_\_\_\_\_ Full payment by credit (If paying by credit card you will be contacted to make payment arrangements)

I hereby enroll for the course indicated above and understand that if I am unable to complete the course, cancellation of charges will follow the policy in the college catalog. I accept responsibility for payment of the course(s) and any associated fees. In addition, I am responsible for all reasonable collection costs, including attorney fees and other charges necessary for collecting any amount not paid as due.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_