

# Department of Extended Learning College Credit Through Correspondence ENROLLMENT FORM

**Please print, complete and submit form and payment to:**

College Credit Through Correspondence (CCTC)  
Department of Extended Learning  
Southwest Baptist University  
1600 University Avenue  
Bolivar, MO 65613-2597

***Whether you have an existing ID# or not, please wait until you receive your syllabus or e-mail enrollment notification before ordering text/materials.***

There is no advanced preregistration. Unless otherwise specified by CCTC, CCTC enrollment begins upon receipt of your enrollment form.

Have You Attended SBU Before? \_\_\_Yes\_\_\_No

First  
Name: \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

(Maiden name if necessary) \_\_\_\_\_

(Check): Gender: Female \_\_\_ Male \_\_\_

Birth Date: \_\_\_\_\_ REQUIRED

Social Security # \_\_\_\_\_ **SBU ID #** \_\_\_\_\_  
(\*no need for SS# if SBU ID# is present\*\*)

Phone Number \_\_\_\_\_

E-mail Address: \_\_\_\_\_ (print clearly)  
REQUIRED for all CCTC courses.

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

**QUESTION:** Are you working on a degree from SBU?  
No \_\_\_ Yes \_\_\_ Which degree? \_\_\_\_\_ Major? \_\_\_\_\_  
Graduation Date: \_\_\_ - \_\_\_\_\_ Month/Yr

**QUESTION:** Are you currently enrolled at SBU?  
No \_\_\_ Yes \_\_\_  
How many (non-correspondence) SBU credits are you taking? \_\_\_\_\_  
What is your cumulative GPA? \_\_\_\_\_

Are you enrolled in any additional SBU correspondence courses? \_\_\_ Yes \_\_\_ No  
Course Title: \_\_\_\_\_ Credit Hours: \_\_\_\_\_  
Course Title: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

**QUESTION:** Are you working on a degree at another institution?  
No \_\_\_ Yes \_\_\_

At which institution? (name) \_\_\_\_\_  
Graduation Date: \_\_\_\_\_

**QUESTION:** How did you learn about the SBU correspondence course?  
(check all that apply)  
\_\_\_ advisor \_\_\_ friend \_\_\_ professor \_\_\_ newspaper  
\_\_\_ correspondence \_\_\_ catalog \_\_\_ internet

**QUESTION:** What is your main purpose for enrolling in correspondence?  
\_\_\_ earn credit toward an undergraduate degree  
\_\_\_ MPT program  
\_\_\_ MS Program  
\_\_\_ prepare for a career change  
\_\_\_ Satisfy personal interest  
\_\_\_ MO State Dept of EDU  
\_\_\_ gain professional licensure/certification  
AREA: \_\_\_\_\_

**AUTHORIZATION FOR SOUTHWEST BAPTIST UNIVERSITY STUDENTS**

Students officially admitted to an SBU undergraduate\graduate degree program must have their enrollment approved by their academic advisor.

Advisor's Signature: \_\_\_\_\_

Advisor's Title: \_\_\_\_\_ Date: \_\_\_\_\_

(Advisor: Please make sure student remains within allowable hour load limits)

**COURSE NUMBER AND NAME** (limit - two (2) courses)

(1) \_\_\_\_\_ HOURS: \_\_\_\_\_

Is this an SBU course repeat? YES \_\_\_ NO \_\_\_

How is your course delivered?: Check one: \_\_\_ print-based \_\_\_ web-based

(2) \_\_\_\_\_ HOURS: \_\_\_\_\_

Is this an SBU course repeat? YES \_\_\_ NO \_\_\_

How is your course delivered?: Check one: \_\_\_ print-based \_\_\_ web-based

Total Credit Hours \_\_\_\_\_

**COST** (Make checks payable to Southwest Baptist University)

Course Tuition: (\$135.00 per semester credit hour) \$ \_\_\_\_\_

Handling Fee: (\$20.00 non-refundable, per course) \$ \_\_\_\_\_

Total Amount Due: \$ \_\_\_\_\_ (Do not include cost of texts/materials.)

Pay by: \_\_\_ Check \_\_\_ Credit Card \_\_\_ Cash \_\_\_ SBU account (See Method of Payment – “Costs” page on CCTC web site)

Charge to the card indicated below:

(circle one) MasterCard/Visa/DiscoverCard:

Card Account #: \_\_\_\_\_

CARD SECURITY CODE: \_\_\_\_\_

Exp. Date \_\_\_\_\_

Signature as shown on card: \_\_\_\_\_

Print name on card: \_\_\_\_\_

Billing Address Associated With Card:

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

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

