

SOUTHERN METHODIST COLLEGE

Name _____ SSN _____

(First) (Middle) (Last) (Preferred)

Local Address _____ (Apt/Lot) _____

(City) (State) (Zip) (+4) Email _____ @ _____

Telephone: Home (___) _____ - _____ Work (___) _____ - _____ Ext. _____ Pager/Cell (___) _____ - _____

Emergency Contact _____ Phone (___) _____ - _____ Pager/Cell (___) _____ - _____

Are you a legal dependent? *(You are a legal dependent if a parent claims you on a 1040 Tax Form)* Yes No
 Guardian *(if under 21)* _____ Phone (___) _____ - _____

Southern Methodist College does not discriminate on the basis of age, gender, or ethnic origin. The following information is required by the U.S. Dept. of Education, the Office of Civil Rights, and the S.C. Commission on Higher Education for statistical purposes only.

Birthdate: ___/___/___ **Gender:** ___ **Ethnicity** (check all that apply): Hispanic Non-Hispanic *and* ...
mm / dd / yyyy White Black Asian/Pacific Islander Alaskan/Native American Other

Married? Yes No **Spouse's Name:** _____

Are you a veteran? Yes No **G.I. Bill?** Yes No **Studying for ordained ministry?** Yes **which church?** _____

Other immediate family members currently attending Southern Methodist College: _____

HOUSING

Request for **dormitory reservation (room & board):** **single occupancy** (\$2730/sem.) **double occupancy** (\$2330/sem.)

Request for **married student housing:** Number in family _____ (\$275/mo. plus utilities; board not included) *limited availability*

PROGRAM of STUDY

Bachelor of Arts in Bible (Day Programs)
 Pastoral Education Missions Elementary Education Secondary English Education Christian Ministries (Individualized)

Bachelor of Arts in Bible (Evening Programs) Christian Ministries Leadership and Ethics

Associate of Arts General and Religious Education

Certificate Programs 1 Year Bible Certificate Basic Pastoral Education Advanced Pastoral Education

Catalog #	Course Title	Format	For credit or audit?	Credit Hours	Load Hrs	Days	Begins	Ends	Start Date	End Date
*TOTALS:										

*See Registration Instructions for load limit: if your proposed schedule exceeds the applicable load, you must secure the Academic Dean's approval. Secure instructors' permission for auditing courses or for taking courses without the prerequisites. You may use back of form for documenting special permissions.

"I certify that the above information is correct. I have read, and I understand and respect the Biblical Foundations doctrinal statement and the Objectives and Philosophy of Education of Southern Methodist College located in the *Student Handbook*. I have read the Code of Conduct, and I pledge to abide by the requirements of this code as stated in the *Student Handbook*. I have read and agree to the Pledge Statement printed on the back of this registration form."

STUDENT'S SIGNATURE _____ DATE ____ / ____ / ____

FACULTY ADVISOR APPROVAL _____ BUSINESS OFFICE CONSULTATION _____

PLEDGE STATEMENT

I understand that Southern Methodist College is a Christian community devoted to academic study and spiritual nurture and that I am a part of the community. As a member of this Christian community, I represent the Lord Jesus Christ and Southern Methodist College; therefore, I pledge myself to the following commitments:

- 1. To submit to the authority of the Scriptures in matters of faith and conduct and to the control of the Holy Spirit in my life.**
- 2. To abide by the Code of Conduct both in letter and in spirit. The Code of Conduct is to guide my behavior both on and off campus.**
- 3. To abide by the policies and procedures within the Student Handbook. While I may not appreciate or understand every policy or regulation of Southern Methodist College, I will honorably adhere to them and respectfully cooperate with those who are in authority.**
- 4. To strive for excellence in all that I do.**
- 5. To refrain from behavior that may cause another person to sin or stumble.**

I will do all in my power to encourage other students to keep all the rules of the institution. I understand that failure to cooperate in maintaining the Code of Conduct or this pledge will lead to counsel, appropriate disciplinary action, and possible dismissal.

AUDIT PERMISSIONS

Catalog # _____ Course _____ Mode _____ Instructor's signature _____

Catalog # _____ Course _____ Mode _____ Instructor's signature _____

WAIVER OF PREREQUISITES

Catalog # _____ Course _____ Prerequisites waived _____

Stipulations _____ Instructor's signature _____

ORIENTATION/FOUNDATIONS EXEMPTION

Check reason for not taking "Freshman Orientation" or "Foundations for College Life" this semester:

I am requesting exemption as a transfer student with more than 28 semester-hours of previous credit

I need to postpone the course due to a conflict with off-campus work

APPROVAL _____ (Academic Dean)

DATE _____

PERMISSION FOR COURSE OVERLOAD

Student has permission to take ____ semester-hours, as indicated on the obverse of this form / with the following exceptions and provisions: _____

APPROVAL _____ (Academic Dean)

DATE _____

CHANGE OF ADDRESS INFORMATION

New Address: _____ Apt _____ Phone (____) ____ - _____ Pager/Cell (____) ____ - _____

(City) (State) (Zip) (+4) Email: _____@_____

This is new Permanent/Home Address Parent/Guardian Address Emergency Contact Billing address