





SC Student ID#:_____

Advanced Placement Scholar Program/High School Enrollment

Name:		SSN:		
				ed, please complete IRS form W-9S
Address:				
City, State, Zip:				
Home Phone:				
Birth Date:	_ Email: _			
Race: (circle one) American Indian	Asian Hispanic	White	Black/African Ar	merican
Fall Spring Academic	Year(L	imit of 6 hou	rs per term)	
Course Name:		_ Course ID:		
ourse Location:		_ Credit Hours:		
Course Name:		_ Course ID:		
Course Location:		_ Credit Hours:		
# Hours x\$75.00/credit =	: \$			
Payment Information:				
Full payment by check or Full payment by credit Ca				
I hereby enroll for the course indicated above a policy in the college catalog. I accept respons reasonable collection costs,including attorney fe	ibility for payment of th	e course(s) and	any associated fees. I	n addition, I am responsible for a
Signature:		Date:		
Name of High School:				
Signature of School Admini	strator:			Date:



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Payment Information:

Payment in full for tuition and/or fees is due by the start of each course.

Payment can be made online through self-service or with Student Accounts in Christy Administration Building, 2nd floor.

Installment payment plans are available during the current term. Fall semester (August to December); Spring (January to May). Please contact Student Accounts for more information or to make payment arrangements if you are unable to pay in full before the start of the course.

Payment can be mailed to Student Accounts, 100 College St, Winfield, KS 67156

Telephone credit card payments can also be accepted by contacting Southwestern College Student Accounts 620-229-6318 or 620-229-6251.

Email: accounts@sckans.edu with any questions related to payment or your student account