



COURSEWORK ELSEWHERE DURING SENIOR YEAR PETITION FORM

Please type or print clearly in ink

Submit this form to request an exception to the Senior-Year Residency Policy requiring the senior year of work for your degree to be completed in residence at the College of Charleston.

- Residency is defined as instruction delivered by the College of Charleston.
- Senior year is defined as Hours Earned + Currently Enrolled Hours + Requested Hours ≥ 90 Hours.

Student Information	
Name	CWID
College-Issued Email	Phone Number

I plan to enroll during the _____ of _____ at the following regionally accredited institution:
Term (fall, spring, summer) Year

_____ Full name of the institution as it will appear on the transcript. (No abbreviations)

_____ City, State

Is this request related to a study abroad experience (virtual or on-site) hosted by an unaffiliated university or program?

Yes*

No

*If yes, the Transfer Resource Center will consult with the Center for International Education (CIE) prior to reviewing your request.

Other Institution's Course Code <small>(example: BIO 101)</small>	Other Institution's Course Title <small>(example: Intro to Biology)</small>	Credit Hours <small>(example: 3)</small>	TRC Use Only
1.			
TRC Use Only: TRC Approved Requires FCAS Approval Requires Provost Approval Date: _____ Initials: _____ NOTES:			
2.			
TRC Use Only: TRC Approved Requires FCAS Approval Requires Provost Approval Date: _____ Initials: _____ NOTES:			
3.			
TRC Use Only: TRC Approved Requires FCAS Approval Requires Provost Approval Date: _____ Initials: _____ NOTES:			
4.			
TRC Use Only: TRC Approved Requires FCAS Approval Requires Provost Approval Date: _____ Initials: _____ NOTES:			
5.			
TRC Use Only: TRC Approved Requires FCAS Approval Requires Provost Approval Date: _____ Initials: _____ NOTES:			
6.			
TRC Use Only: TRC Approved Requires FCAS Approval Requires Provost Approval Date: _____ Initials: _____ NOTES:			

Read and initial next to each of the following statements:

I understand if my request for exception to the Senior-Year Residency policy exceeds a total of twelve (12) credit hours, it will require an appeal to the Faculty Committee on Academic Standards (FCAS) for review; and if my request exceeds a total of eighteen (18) credit hours, it will require an appeal to the Provost or the Provost's designee for review. I will be required to submit a separate letter with justification for my request and a copy of my Degree Works degree audit.	_____
I understand that I must comply with all transfer credit policies as outlined in the Academic Catalog (<i>catalog.cofc.edu</i>) including, but not limited to, the defined transfer credit limits.	_____
I understand that the Transfer Resource Center's permission to take the course(s) requested is not confirmation of how/if the course(s) will fulfill my major, minor, certificate or degree requirements. The Transfer Resource Center's permission only confirms the College of Charleston course equivalent(s) approved by the faculty.	_____
I understand that the Transfer Resource Center has the right to adjust my academic record (delete or revise any transfer credit) added on or after this date if this credit does not completely comply with all College of Charleston policies and regulations.	_____
I understand transfer credit does not count towards the College of Charleston undergraduate residence requirement and does not calculate into my GPA.	_____
I understand that I must earn a grade of 'C' or better (2.0 on a 4.0 scale) for the course(s) to be eligible for transfer credit at the College of Charleston. A grade of 'C-' or lower will not transfer.	_____
I understand that I should meet with an advisor before submitting this request to ensure that I am not taking a course that would repeat previously earned credit, and that I must comply with all course repetition policies as outlined in the Academic Catalog (<i>catalog.cofc.edu</i>).	_____

Please check your College of Charleston issued email account for questions, approval and/or next steps required for your petition.

Student's Signature _____ Date _____

Student's Name Printed _____ CWID _____

Name of Other Institution Attending _____

**THIS SECTION MUST BE COMPLETED PRIOR TO FORM SUBMISSION:
Academic Major Department Approval**

The form must be signed by the department chair or program director of the student's major before it is submitted to the Transfer Resource Center.

The _____ department **approves** this petition to take _____ credit hours at another regionally accredited institution. These courses will not count towards the residence requirement for the student's program of study.

The _____ department **declines** this petition to take _____ credit hours at another institution. These courses should be taken in residence at the College of Charleston.

Completed by _____
Full Name of Department Chair, Program Director, or their designee Title of Approver

Signature _____ Date _____
Department Chair, Program Director, or their designee

College of Charleston
Transfer Resource Center
Light Center Suite 258 | 843.953.1135 | transferevaluation@cofc.edu

TRC USE ONLY:
Processed by: _____ (Initials)
Date: _____