

REINSTATE CREDIT FORM

Please type or print clearly in ink

This form must be approved by the student's advisor before submitting to the Office of the Registrar. Students who previously declined credit and are currently enrolled in a course to earn the same credit, must return this form to the Office of the Registrar prior to the withdrawal deadline of that academic term to reinstate their credit.

Student Information		
Name		CWID
College-Issued		Phone
Email		Number
Please read the following statements and com	nlete the sections helow accordi	ngly
I wish to reinstate previously declined credit from the following:		
☐ Transfer/Military Credit		
☐ Exam Credit		
Course/Exam Information		
Title of Course/Exam (example: BIO 101, AP Biology)	Exam Score (if ag (example: 3)	oplicable)
(example. BIO 101, Ar Biology)	(example, 5)	
College of Charleston transfer credit which was declined		
CofC Course (example: BIOL 111 and BIOL 111L)		
	Currently enrolled i	in course at CofC (Yes or No)
Currently enrolled in course at CofC (Yes or No)		
	<u> </u>	
Reason to reinstate previously declined credit*	*:	
* Reinstating previously declined credit may impimpacts grade-level, loans may be reduced. questions/concerns at financialaid@cofc.edu.		
Student's Signature		Date
THIS SECTION MUST BE COMPLETED BY YOUR ADVISOR PRIOR TO FORM SUBMISSION:		
	□ Augustad □ Dealised	
	☐ Approved ☐ Declined	
Advisor's Signature		Date
TO BE COMPLETED BY THE OFFICE OF THE REGISTRAR:		
Approved by:		Date:
FF - 22.27		Updated February 2024