COLLEGE of CHARLESTON
OFFICE OF THE REGISTRAR

COURSEWORK ELSEWHERE/TRANSIENT FORM
Please type or print clearly in ink.

To request approval to take courses at another institution, follow the steps below:

1. Once you decide on an institution, check their course offerings for the term you are looking to enroll in to ensure availability.
2. Complete form with the information about the visiting institution and course(s) you plan to take. Please complete the form in its **entirety** – including all signatures and CofC equivalent courses.
   a. To view how your courses may transfer back to CofC, please visit our Transfer Equivalency Database: https://transfer.cofc.edu/transfer-credit/transfer-equivalency-database.php
3. Submit this form in-person to the Office of the Registrar, or via email to transferevaluation@cofc.edu.
4. You will receive an electronic copy of the form to your CofC email.
5. Once approved, submit a copy of this form and your Degree Works Audit to the visiting institution.

Student Information	
Name	**CWID**
College-Issued Email	**Phone Number**

I plan to enroll during the _____ **of** _____ **at the following accredited institution:**

　　　　　　　　　　Term (fall, spring, summer)　　　　　Year

_____　　　_____
Institution full name as it will appear on the official 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?
Please circle:　Yes*　　No

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

Other Institution's Course Code (example: BIO 101)	Other Institution's Course Title (example: Intro to Biology)	Credit Hours (example: 3)	College of Charleston Equivalent Course
1.			
Registrar Use Only: NOTES:		Date: _____ Initials: _____	
2.			
Registrar Use Only: NOTES:		Date: _____ Initials: _____	
3.			
Registrar Use Only: NOTES:		Date: _____ Initials: _____	
4.			
Registrar Use Only: NOTES:		Date: _____ Initials: _____	
5.			
Registrar Use Only: NOTES:		Date: _____ Initials: _____	

PLEASE READ AND INITIAL EACH STATEMENT:

_____ I understand that I must comply with all transfer credit policies as outlined in the Academic Catalog *(catalog.cofc.edu)* including but not limited to the transfer credit limit and minimum grade needed for transfer.

_____ I understand that the Office of the Registrar's permission to take the course(s) requested is not confirmation of how/if the course(s) will fulfill my major, minor or degree requirements. The Office of the Registrar's permission only confirms the College of Charleston course equivalent(s) approved by the faculty.

_____ I understand that the Office of the Registrar 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 institutional 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.

_____ I understand that I should consult with my advisor before submitting this request to ensure that I am taking an appropriate course load, on track for degree requirements, and that the courses I chose do not interfere with my previously earned and currently enrolled coursework.

_____ I understand that I must submit a Leave of Absence request with the CAPP Office if I do not plan to enroll in courses at the College of Charleston for the Fall or Spring term that I am requesting to take courses elsewhere.

Check Your Hours

Current OVERALL EARNED hours **+** Current Term ENROLLED hours **+** REQUESTED hours **=** Total hours

_____ **+** _____ **+** _____ **=** _____

If your hours are at least 90 credit hours, then you MUST complete the next section PRIOR to submission:

Student Signature: _____   **Date:** _____

IF YOU ARE AT 90 CREDIT HOURS PLEASE READ AND INITIAL THE ADDITIONAL FOLLOWING STATEMENT:

_____ I understand if my request for exception to the Senior-Year Residency policy exceeds a total of twelve (12) credit hours beginning from the term in which 90 hours were earned, 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 also understand that it may take _several weeks_ for my appeal to be reviewed by FCAS or the Provost; and that once reviewed, my appeal may be denied by FCAS or the Provost.

Prior to form submission, this section must be completed by your ACADEMIC MAJOR DEPARTMENT if you are at or above 90 credit hours in the equation above.

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.

Approved by: _____   _____
            Full Name of Department Chair, Program Director, or their designee   **Title of Approver**

Signature: _____   **Date:** _____

To be completed by the Office of the Registrar:

Student is in Good Academic Standing: Yes ☐ No ☐

Approved by: _____   **Date:** _____

Remarks to the Transient Institution: _____

Updated February 2024

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