



# COLLEGE of CHARLESTON

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## HONORS COLLEGE

<b>For office use only: A WS T 1 2</b>	
V _____	
M _____ } _____	
ACT _____ = _____	
R _____ / _____ = _____ %	
HS GPA _____ (W) _____ (U)	
College GPA _____ (W) _____ (U)	
CWID _____	

### **Application for Admission—Transfer Students**

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#### **I. STUDENT INFORMATION**

Name \_\_\_\_\_  
Last First Middle Nickname

Address \_\_\_\_\_  
Street  
City State Zip Code

Semester Applying for: \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender: M \_\_\_\_\_ F \_\_\_\_\_ Self-Description: \_\_\_\_\_

#### **II. ACADEMIC INFORMATION**

Name of Current Institution \_\_\_\_\_

High School Name \_\_\_\_\_

City and State of High School \_\_\_\_\_

High School Entrance Date \_\_\_\_\_ High School Graduation Date \_\_\_\_\_

Intended Academic Major(s) \_\_\_\_\_

Intended Occupation \_\_\_\_\_

List major scholastic honors received. You may attach a resume.

_____	_____
_____	_____
_____	_____

**PLEASE NOTE: A separate College of Charleston application, which must also be completed, is available from the Admissions Office (843-953-5670) or online at <http://www.cofc.edu/admissions/>.**

**III.** List significant extracurricular activities, especially leadership positions. You may attach a resume.

_____	_____
_____	_____
_____	_____
_____	_____

**IV.** List significant community service activities or involvement. You may attach a resume.

_____	_____
_____	_____
_____	_____
_____	_____

**V. Writing Sample**

In lieu of the traditional essay, please submit a writing sample that was completed at your current institution.

**VI. Letter of Recommendation**

Please submit the Honors College Recommendation Form with two letters of recommendation, at least one, from a current professor. Whom have you asked to write a letter of recommendation for you?

Name \_\_\_\_\_ Position \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

Please send this application form, writing sample, letter of recommendation, and your current semester grades to:

**Dr. John H. Newell, Dean**  
**Honors College**  
**College of Charleston**  
**Charleston, SC 29424**  
**Phone: (843) 953-7154 Fax: (843) 953-7135**  
website: <http://www.cofc.edu/honorscollege> e-mail: [honors@cofc.edu](mailto:honors@cofc.edu)

**Remember that you must have completed the separate College of Charleston application and be accepted by January 15<sup>th</sup> in order to be considered for scholarships.**



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### LETTER OF RECOMMENDATION

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**To be completed by applicant:**

Name of Applicant: \_\_\_\_\_

The Family Education Rights and Privacy Act of 1974 provides that applicants have the right to inspect all letters of reference placed in their credential file subsequent to January 1, 1975, unless this right is waived. If you wish to waive this right, please indicate your decision by signing the following statement:

I wish to waive my right to read or inspect this recommendation, even though I understand that I am under no obligation to do so.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by recommender:**

- I. The above student has applied for admission to the Honors College at the College of Charleston. In the chart below, please rate the student in comparison to other college-bound students you have known in terms of each of the listed categories.**

	Below Average	Average	Very Good	Excellent	One of the Best I Have Encountered	No Opportunity to Observe
Intellectual Ability						
Academic Achievement						
Critical Thinking						
Motivation						
Leadership						
Concern for Others						
Written Expression						
Effective Class Discussion						
Potential for Growth						

- II. In an attached letter, please expand upon your ratings. Please tell us how long and in what capacity you have known the student and comment on the applicant's academic record and potential, motivation and ability to do Honors work, leadership and community service activities, and anything else that you think would assist the Honors College Committee in deciding whether to admit the applicant.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Send completed form and letter of recommendation to:

**Dr. John H. Newell, Dean, Honors College, College of Charleston, Charleston, SC 29424**