



College of Charleston

Undergraduate Academic Services
(843) 953-5674
FAX (843) 953-5544

66 George Street
Charleston, South Carolina 29424-0001
E-Mail: Undergrad@cofc.edu

Petition to take SENIOR YEAR Courses Elsewhere (Transient Form)

Hours Earned + Currently Enrolled Hours + Requested Hours > 87 Hours

Please Note: As an exception, you might be permitted to take up to 7 of your last 37 hours away from the College, but only if you earn ≥ 60 hours at the College. More than 7 hours must be approved by the Faculty Committee on Academic Standards (FCAS).

Student's Name

Last First Middle Initial Date Student CWID

NOTE: Undergraduate Academic Services will respond **only** to your Edisto Account: _____@Edisto.cofc.edu

I request permission to take the following course(s) at _____
(name of college) (City & State)

For what term? _____ Do you need a Leave of Absence _____yes _____no

If Leave of Absence is for current semester, further documentation may be required.

TO BE COMPLETED BY STUDENT If course is in inventory, Undergraduate Academic Services will note prior approval. ***For courses not in inventory, approval is need by Dept Chair.**

DEPT COURSE #	COURSE NAME	SEM/QTR HRS	CofC EQUIVALENT	SEM HRS	Prior Approval (Inventory)	*Dept. Approval

NOTE: Actual credit awarded is dependent on actual credit earned and is posted after the official transcript is received. A catalog description -- photocopied or hand copied -- is required to be attached if course does not have prior departmental approval (see **course inventory in Undergraduate Academic Services**). It is the student's responsibility to obtain all required signatures. If this request contains any exception to the stated rules of the College, this form when completed will be forwarded to the Faculty Committee on Academic Standards for final consideration. **The reasons for the request must be given and documented in a separate letter.** NOTE: a GRADE OF "C" or better must be earned and an official transcript must be mailed to the College of Charleston's Registrar in order to be awarded transfer credit. If this is a fall or spring term, inquire about a leave of absence. **I understand the restrictions and my responsibilities associated with taking course work at another institution and the policy regarding transferring coursework back to the College of Charleston.**

Student's Signature _____

Mailing Address: _____

TO BE COMPLETED BY C OF C'S CHAIRPERSON IN THE DEPARTMENT OF STUDENT'S MAJOR
The _____ department approves of this petition to take _____ hours of his/her last 37 semester hours elsewhere in completion of his/her degree program.
_____ hours in major courses _____ hours not in major courses

Chairperson's Signature _____ Date _____

TO BE COMPLETED BY COLLEGE OF CHARLESTON'S UNDERGRADUATE ACADEMIC SERVICES OFFICE

Student is eligible to return to the College of Charleston: __Yes__No LOA processed _____

Signature: UAS Director _____ Date _____

Original to Student; Copies to Registrar, Undergraduate Academic Services