



College of Charleston

66 George Street
Charleston, South Carolina 29424-0001

Office of the Registrar
(843) 953-5668
FAX (843) 953-6560
E-Mail: registrar@CofC.edu

AP CREDIT DECLINE REQUEST*

Student's Name _____ CWID _____

Print

E-mail _____ @Edisto.cofc.edu Phone _____

I wish to decline my AP credit for the following:

AP score of _____ in _____ (give course's full name)

AP score of _____ in _____ (give course's full name)

College of Charleston credit declined

Explanation: _____

Student's Signature _____ Date _____

Approved _____ Denied _____

_____ Date _____

Signature: Advisor

*Any petition must be approved by your advisor and then submitted to the Registrar before courses are retaken.

**RO USE
ONLY:**

Processed by: _____
(Initials)

Date: _____