

**COLLEGE OF CHARLESTON
VISITING STUDENT REGISTRATION FORM**

New students planning to attend the College of Charleston for the fall semester should contact the Academic Advising Center (843) 953-5981 before filling out this form.

Student Social Security Number: _ _ _ - _ _ - _ _ _ _

Name: _____
 Last First Middle

*****Please note the important information to be found on the second page of this form *****

COURSE SELECTION

Primary Selection

E N G L 1 0 1 0 0 2 [example]

Maymester

May Evening

Summer I Day

Summer Evening

Summer II Day

Alternate Selection

[example] P H I L 2 1 2 0 0 2

Send this form **along with the application** and a **check** made payable to the College of Charleston to the address below

**Summer Registration
Registrar's Office
College of Charleston
66 George Street
Charleston, SC 29424**

For tuition and fee information: Click on the Tuition and Fees link on the Office of Summer Sessions webpage (<http://summer.cofc.edu>). For assistance, please contact the Summer School Office by phone (843-953-4831), or fax (843-953-7371).

*****Important*****

If you plan to register for a **Business, Computer Science, Biology or Chemistry** course, or an upper division course that has a prerequisite, please provide a college transcript (official or unofficial) with your application and registration forms.

Recommended Maximum Course Load

Single Session:

Maymester 4 hours

May Evening 7 hours

Summer I Day 7 hours

Summer Evening 7 hours

Summer II Day 7 hours

Concurrent Sessions:

Maymester + May Evening 7 hours

May Evening + Summer Day 7 hours

Summer I Day + Summer Evening 7 hours

Summer Evening + Summer II Day 7 hours