



## Special Enrollment Request Office of the Registrar

### GENERAL INFORMATION

- ▶ The Special Enrollment Request form is used whenever a Coastal Carolina University student plans to take coursework at an external institution.
- ▶ The student, in conjunction with his/her major's academic department, completes the Special Enrollment Request form prior to taking the coursework. This form ensures that the student and the academic department agree that the coursework will be transferable back to the student's degree program at Coastal Carolina University.
- ▶ **Seniors (students with more than 90 credit hours)** must also submit a general petition form waiving the 90 hour residence requirement. Please submit these forms together for accurate and timely processing. Neglecting to do so could result in delayed processing.

### INSTRUCTIONS

- ▶ This package contains both the Special Enrollment Form (to complete at Coastal Carolina University) and a Transcript Request form (to submit to the external institution's Registrar's Office.)
- ▶ It is critical that your external transcript be sent back to Coastal Carolina University. Complete the included Transcript Request form and provide it to the external institution's Registrar as soon as you begin classes at the external institution.

### IMPORTANT NOTICE

**Students who are currently awarded any S.C. Lottery Scholarship Funds, or will receive any in the future, are REQUIRED to provide an official transcript for all coursework taken at external institutions.**

**Lottery Scholarship Funds will not be disbursed until your transcript is received.**



# Special Enrollment Request

## Office of the Registrar

**PLEASE PRINT**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Student ID number \_\_\_\_\_

Address: Street/P.O. Box/Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

**PLEASE READ:**

1. All course credit beyond 90 credit hours must be earned “in residence” at Coastal Carolina University.
2. If taking courses at another university after earning 90 hours, a General Petition waiving the 90 hour residence requirement must be submitted. **Please submit these forms together for accurate and timely processing. Neglecting to do so could result in delayed processing.**
3. Upon completion of course work, the **student must request an official transcript be forwarded to the Office of the Registrar**, Coastal Carolina University, P.O. Box 261954, Conway, SC 29528-6054.
4. S.C. Lottery Scholarship funds will not be disbursed until all official transcripts from external institutions have been received.

**Select one of the following:**

- Transient study at another college or University
- Concurrent enrollment at Coastal Carolina University and another college or university
- Study abroad program through the National Student Exchange Program
- Study abroad program through Coastal Carolina University

► **Term / Year of attendance :**  Fall  Spring  Summer I  Summer II Year \_\_\_\_\_

**Institution attending** \_\_\_\_\_ **CEEB Code** \_\_\_\_\_

Address (Street/P.O. Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

**COURSES TO BE TAKEN:**

Dept.	Course	Credit Hours	Title	CCU Equivalent Course	Signature of Department Chair of CCU Equivalent Course

Signature of Student \_\_\_\_\_

Signature of student’s adviser \_\_\_\_\_

Signature of department chair of student’s major \_\_\_\_\_

Signature of dean of student’s major \_\_\_\_\_

**Office use only:** Entry by \_\_\_\_\_ Date \_\_\_\_\_

# Request for Official Transcript from External Institution

**INSTRUCTIONS:** Submit this Transcript Request form to the Registrar's Office of the institution where you are taking external course work.

**PLEASE PRINT**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Maiden/ Other names used \_\_\_\_\_

Social Security number \_\_\_\_\_

Address: Street/P.O. Box/Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

- ▶ **Please mail a copy of the above named student's official transcript after grades are finalized for the terms of attendance listed below to:**

**Coastal Carolina University  
Office of the Registrar  
P.O. Box 261954  
Conway, SC 29528-6054**

- ▶ **Faxed/unofficial copies will not be accepted. Please be sure transcripts are properly sealed to ensure authenticity.**

Institution sending transcripts \_\_\_\_\_

Address: Street / P.O. Box \_\_\_\_\_

Fax number ( \_\_\_\_\_ ) \_\_\_\_\_ Telephone number ( \_\_\_\_\_ ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

**Term / Year of attendance :**     **Fall**         **Spring**         **Summer**        **Year** \_\_\_\_\_

**Student's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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