INSTRUCTIONS

▶ The Special Enrollment Request form is used whenever a Coastal Carolina University student plans to take coursework at another institution and transfer it back to Coastal.

▶ The form must be completed and submitted prior to the student taking the coursework.
  
  • This ensures that the student, the academic department and the college agree that the coursework will be transferable back to the student’s degree program at Coastal Carolina University.

▶ The student, working with the academic adviser, determines what potential courses may apply toward the student’s degree program. After that meeting, the student must seek an equivalency approval/authorization from the department chair of each course before returning the form to the academic adviser.

▶ After the form is approved by the academic adviser, department chair and dean (or dean’s designee) of the student’s major, the dean’s office sends the completed form to the Office of the Registrar.

▶ IMPORTANT

The student must have an official transcript (that shows the completed coursework) sent from the outside institution to:

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

Once the official transcript has been received, The Registrar’s Office will utilize the Special Enrollment form to award the equivalent credit(s).

PLEASE NOTE

▶ If a transfer course is being used to substitute for a major or minor requirement, the student/adviser/college should also submit a completed and signed “Course Substitutions Within the Major or Minor” form along with this document.

▶ 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 other institutions.
  
  • Lottery Scholarship Funds will not be disbursed until your transcript is received.
Special Enrollment Request
Office of the Registrar

Student name Last __________________________________ First __________________________ Middle __________________________

Student ID Number ___________________________ Student’s major __________________________________________

Address (Street/P.O. Box/Apt) ___________________________________________________________________________________

City __________________________ State __________________________ Zip code __________________________

Cell Phone __________________________ CCU email __________________________

IMPORTANT

1. Upon completion of coursework at the outside institution, the student must request an official transcript be sent to the Office of the Registrar, Coastal Carolina University, P.O. Box 261954, Conway, SC 29528-6054, USA.

2. If any of the courses being considered for transfer on this form are being used to substitute for the student’s degree program’s major or minor requirements, a “Course Substitutions Within the Major or Minor” form must be submitted along with this form.

3. S.C. Lottery Scholarship funds will only be disbursed after all official transcripts from other institutions where you have taken coursework have been received.

Select one of the following:
- □ Transient study at another College or University (select when you are not attending classes at Coastal Carolina University at the same time)
- □ 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 __________ Country __________________________ Zip code _______________

COURSES TO BE TAKEN

<table>
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<tr>
<th>Dept. Name/ Course #</th>
<th>Credit Hours</th>
<th>Course Title</th>
<th>CCU Equivalent Course (e.g. UNIV 110)</th>
<th>Signature of department chair of CCU Equivalent Course approving Transfer</th>
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</table>

Signature of student __________________________________________________________ Date ___________

Signature of student’s adviser ______________________________________________ Date ___________

Signature of department chair of student’s major __________________________ Date ___________

Signature of dean of student’s major ______________________________________ Date ___________

Office use only: Entry by __________ Date __________

DISTRIBUTION: Registrar • Student • Advisor • Dean • Office of International Programs (if study abroad)