



Special Enrollment Request

COASTAL CAROLINA UNIVERSITY

Office of the Registrar

P.O. Box 261954 • Conway, SC 29528-6054
(843) 349-2019 • Fax: (843) 349-2909

Date _____

Name _____ Student ID number _____
(Last) (First) (Middle)

School _____ Major _____ Current term _____

Restrictions per Coastal Carolina University's policy:

1. All course credits beyond 90 credit hours must be earned "In Residence" at Coastal Carolina University.
2. Student must be currently enrolled and in good standing.
3. Students on suspension are not eligible for this permission or to receive credit for any course(s) completed while on suspension.
4. Courses taken under Special Enrollment will not affect Coastal's GPA.
5. Course(s) taken through Special Enrollment must be taken at a regionally accredited institution(s) and must be passed with a grade adequate for transfer purposes, a "C" (meaning C-, C, C+) or above.
6. Credit will not be granted for courses or their equivalents that were previously attempted at Coastal Carolina University.

Check one of the following:

- Transient study at another U.S. college or university (not through National Student Exchange Program)
- Transient study through the National Student Exchange Program
- Transient study abroad (through Coastal Carolina University's Study Abroad Program)
- Concurrent enrollment at Coastal Carolina University and another college or university
- Correspondence course(s) requires dean's approval of course.

Institution you plan to attend _____

Address _____
(City) (State) (Zip code) (Country)

Term/year you plan to attend: Fall Spring Summer I Summer II Year _____

Course(s) to be taken:

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

Upon completion of the above course work, the student must request an official transcript be forwarded to Coastal Carolina University.
Notice: If you become suspended for the term(s) requested, this special enrollment authorization becomes null and void.

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 _____



COASTAL CAROLINA
UNIVERSITY

Request for College Transcripts

Students: Please submit this transcript request to the Registrar's Office of the institution you attended or will be attending.

Institution Attended / Attending

Name of College / University _____

Address _____

Term(s) attended / attending _____

Student Information

Name _____

Social Security number _____

Date of birth _____

Address _____

Upon completion of the above indicated term(s), please send an official transcript for this student to:

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

Student's signature _____ Date _____