

TRANSFER ADMISSION MIDTERM GRADE REPORT

Submit to: Office of Admissions
College of Charleston
66 George Street
Charleston, SC 29424-0001
F: 843.953.6322 | E: admapplicants@cofc.edu

TO BE COMPLETED BY APPLICANT

If your final transcript for the current semester will not arrive in time to be considered in the admission decision, complete the form below to expedite the review of your application. Complete the top portion of this page, and ask your professor(s) to supply the information requested.

I am applying as a transfer student for entry in: fall (deadline: June 1) spring (deadline: December 1)

Name _____
last first middle

Birthdate ____ / ____ / ____ Email _____

Permanent address _____
street apt. or p.o. box number

city state zip code

Primary phone _____ College/University _____

TO THE INSTRUCTOR

The applicant above has applied for transfer admission to College of Charleston. The admissions committee will carefully consider your comments in addition to reported midterm averages. Thank you for your cooperation on this applicant's behalf.

Course number (ex. Math 101)	Course title (ex. Algebra)	Credit hours	Midterm average	Signature

Comments (optional): _____

Student's signature _____ Date _____

Note: Although the above information will be used to issue an admission decision, an offer of admission is contingent upon review of final transcripts. The deliberate falsification or omission of information contained herein may result in the withdrawal of admission or dismissal from the College.