



**TRANSFER ADMISSION MID-SEMESTER GRADE(S) REPORT**

Submit to: Office of Admissions  
College of Charleston  
66 George Street  
Charleston, SC 29424-0001  
E: [admapPLICANTS@COFC.EDU](mailto:admapPLICANTS@COFC.EDU)

**TO BE COMPLETED BY APPLICANT:**

Submit this form for your courses in progress to expedite review of your application. Complete the top section of this page and ask your professor(s) to complete and initial the bottom section. For fastest processing, email completed form to [admapPLICANTS@COFC.EDU](mailto:admapPLICANTS@COFC.EDU) as soon as possible.

Name: \_\_\_\_\_

Last

first

middle

Birthdate: \_\_\_/\_\_\_/\_\_\_      Email: \_\_\_\_\_

College/University: \_\_\_\_\_

**TO BE COMPLETED BY PROFESSOR(S):**

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

Course number (ex. Math 101)	Course title (ex. Algebra)	Credit hours	Mid-semester Average	Professor Signature

Comments: \_\_\_\_\_

\_\_\_\_\_

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.