PART ONE: TO THE APPLICANT

Complete the top portion of this form and give it to your guidance counselor or governing homeschool authority.

Full legal name:

Date of birth: __________________________ Email: __________________________

PART TWO: TO THE PARENT/GUARDIAN

I understand that the College of Charleston is an adult learning environment. Textbooks, assignments and discussions may include adult and sometimes controversial subjects. I understand and have explained to my child the potential for discussion of adult topics. As a parent/guardian, I certify that I have read and understand the responsibilities and financial obligations of a student enrolled in College of Charleston as stated in the application information.

Name (please print) __________________________ Signature __________________________

PART THREE: TO THE COUNSELOR

The student above is interested in taking dual enrollment coursework at the College of Charleston. The College requires authorization from the guidance counselor or governing homeschool authority before the student can enroll. Please complete the form below and return it by email, the preferred method, to admapplicants@cofc.edu or mail it to College of Charleston, Office of Admissions, 66 George Street, Charleston, S.C. 29424-0001.

Name (please print) __________________________ Signature __________________________

Please return this form via email to admapplicants@cofc.edu

Questions? Contact us:
admissions@cofc.edu p. 843.953.5670