



OFFICE OF THE REGISTRAR  
 POST OFFICE BOX 8104 ✦ 300 COLLEGE STREET, NORTHEAST  
 ORANGEBURG, SC 29117-0001 ✦ (803) 536-7185 ✦  
 FAX: (803) 536-8602

# STUDENT EXCHANGE PERMISSION FORM

NAME \_\_\_\_\_ Campus Wide ID \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Major \_\_\_\_\_ Class \_\_\_\_\_ Expected Date of Graduation \_\_\_\_\_

Semester of Exchange: Term \_\_\_\_\_ Year \_\_\_\_\_

Host Institution \_\_\_\_\_ Calendar of Host Institution: \_\_\_\_\_ Semester \_\_\_\_\_ Quarter \_\_\_\_\_

This student is in good standing at South Carolina State University and has permission to enroll in the course(s) listed below (use exact prefix and numbers as listed in current catalogs):

Host Institution Course No./ Title	Credit Hours	South Carolina State Equivalent Course No./Title	Credit Hours

Credits for a course, which a student is not eligible to take, will not be accepted for credit at South Carolina State University. **PLEASE READ THE POLICY BELOW CAREFULLY!**

**STUDENT EXCHANGE POLICY:** Work taken on exchange will be recorded on the South Carolina State University transcript (with a notation of the College/University that was attended) including grades and credit hours and will be calculated in the GPA. **\*Courses taken at a campus on a quarter calendar will receive two-thirds the stated hour value. (However, fractions of hours may require that course hours be rounded up or down as appropriate.)** Credit for exchange courses will be accepted under the following conditions: (1) Each course is approved in advance by the department and the NSE Coordinator, (2) Such approval must be on file in the Registrar's Office and (3) **ALL COURSE WORK WILL BE COMPUTED AND RECORDED REGARDLESS OF GRADE.**

You are responsible for having an official transcript sent to the Registrar's Office from the Host College or University. Send an official transcript to the attention of Ophelia Smith, Office of the Registrar, Post Office Box 8104, 300 College Street, Northeast Orangeburg, SC 29117. If you do not attend the Host Institution, you must submit a statement of non-attendance from that institution.

I understand and agree to the terms of the Student Exchange Policy.

Date \_\_\_\_\_ Student's Signature \_\_\_\_\_

Date \_\_\_\_\_ Chairperson \_\_\_\_\_

Date \_\_\_\_\_ NSE Coordinator \_\_\_\_\_  
(Not Necessary for Study Abroad Students)

Date \_\_\_\_\_ Registrar \_\_\_\_\_

PLEASE MAINTAIN A COPY FOR YOUR RECORDS.