



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

Please select your program (✓):

National Student Exchange

Study Abroad

Washington Program

NAME _____ Campus Wide ID _____ / _____ / _____

Address _____
 Street/Box No. _____ City _____ State _____ ZIP _____

Telephone (Home) _____ (Cell) _____

Semester _____ E-mail _____ Alternate e-mail _____

Host Institution _____
 Name _____ Street/Box No _____ City _____ State _____ ZIP _____

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 transfer 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 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 Transient Policy. **Special Note:** Course(s) descriptions must be attached.

 Student's Signature _____ Date _____

APPROVAL SECTION

 Departmental Chairperson (Required) _____ Date _____

 Course Content Departmental Chairperson (Required) _____ Date _____

 Financial Aid (Required only for Study Abroad and Washington Program) _____ Date _____

 Treasurer's Office (Required only for Study Abroad and Washington Program) _____ Date _____

 Registrar (Required) _____ Date _____

PLEASE MAINTAIN A COPY FOR YOUR RECORDS.