

# COLLEGE of CHARLESTON

## CofC Collaboration APPLICATION

Please clearly print or type the information below and return to the CofC Bridge Program, 225 S. Pleasantburg Drive, Suite 410, Greenville, SC 29607 no later than May 10. (You may also FAX: 864-250-8410).

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Legal Name \_\_\_\_\_  
Last First Preferred First Name Middle

Permanent Address \_\_\_\_\_  
A Street Address City Z State Zip Code

Current South Carolina County of Residence \_\_\_\_\_ Area Code/Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth (Month/Day/Year) \_\_\_\_\_ Birthplace \_\_\_\_\_

Are you a legal resident of the State of South Carolina for tuition purposes? \_\_\_yes \_\_\_no \_\_\_uncertain  
(If you check no or uncertain please contact the Legal Residency Office at 843-953-7311 or access [www.legalresidency.cofc.edu](http://www.legalresidency.cofc.edu)).

How long have you resided in South Carolina? Year(s) \_\_\_\_\_ Month(s) \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
Name Address

Emergency Contact Telephone Number \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Which college are planning to attend. Check one:

- York Technical College
- Greenville Technical College
- Piedmont Technical College

Have you applied yet for the fall semester? \_\_\_yes \_\_\_no

I give permission to share my name, address, phone and email with other CofC Collaboration students \_\_\_yes \_\_\_no  
This information would be provided to assist you in making a connection with other students participating in the program.

### STATEMENT OF UNDERSTANDING

I understand and agree to the following provisions of the CofC Collaboration:

- I must enroll in 15 hours of transferable coursework at a participating technical college for the fall 2009 semester. I must meet minimum placement qualifications at a technical college and successfully complete English 101 before transferring.
- I must earn a cumulative GPA of 3.0 in the 15 transferable hours at a participating technical college in order to be accepted into the College of Charleston for the spring 2010 semester. If I do not meet this GPA requirement, I may choose to defer the admissions application to the subsequent fall semester, in which case I must earn a 2.6 (if I am a SC resident) or a 3.0 (if I am a non-SC resident) GPA after completing 30 credit hours.
- I am responsible for paying tuition and fees for full-time enrollment to the technical college.
- I agree to allow College of Charleston and the technical college program staff to share academic information regarding my progress for the duration of my participation in the CofC Collaboration.

### CERTIFICATION

I certify that all information provided on this application is correct and complete and that it may be disclosed for consideration of admission and participation in CofC Collaboration. I understand that I am responsible for forwarding all official and final transcripts from the technical college and that these transcripts become property of the College of Charleston.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_