Transient Coursework Approval Form

Home Institution: ______________________ PTC ID: ______________________

INSTRUCTIONS:

1. The Student MUST complete and SIGN Section A of this form.
2. The Registrar (or designee) at your home institution MUST complete and SIGN Section B of this form.
3. The form can be submitted by mail, email or fax using the contact information above.
4. Once the completed form has been received, you will be given access to register for classes, review tuition deadlines and the drop dates for non-payment through PTC Pathway.

SECTION A (to be completed by student)

Name ___________________________________________ Phone Number ______________________

Last Name __________ First Name __________ Middle Initial __________

Address ____________________________________________________________________________

City __________________________ State __________ Zip Code _____________________________

Email __________________________________________________________ Date of Birth _____________

Term course(s) to be taken: Fall ______ Spring ______ Summer ______ Summer ______

Please sign and date acknowledging that you have read the information below:

• Please refer to the South Carolina Transfer and Articulation Center website for course equivalencies, www.sctrac.org.
• I understand that if I register for course(s) not approved on this form, I assume full risk of transferability.
• I understand that if I elect to complete the courses below in an online format, proctored exams are required. Electing to have the exam proctored by an institution other than PTC may result in additional charges with that institution.
• I understand that I am responsible for requesting my official transcript to be sent to my home institution via www.ptc.edu/transcripts.

_________________________________________ Date

Student Signature Date

SECTION B (to be completed by Home Institution) (Courses to be taken at PTC)

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This signature certifies that the student’s citizenship has been verified by the home institution and that the student is authorized to take the course(s) listed above.

_________________________________________ Date

Registrar’s Signature (or designee) Date

Office Use Only:

________________ SAAADMS __________ SFASRPO (if needed) Date Keyed: ___________________________ Initials: ___________________________

revised 12/06/2021