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 Admissions.a@ptc.edu

## 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 \_\_\_\_\_  
 Last Name First Name Middle Initial Phone Number

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_

Term course(s) to be taken: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Year \_\_\_\_\_

**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](http://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](http://www.ptc.edu/transcripts).

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

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

| Prefix | Number | Course Title |
|--------|--------|--------------|
|        |        |              |
|        |        |              |
|        |        |              |

*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.*

\_\_\_\_\_  
 Registrar's Signature (or designee)

\_\_\_\_\_  
 Date

**Office Use Only:**

\_\_\_\_ SAAADMS \_\_\_\_ SFASRPO (if needed) Date Keyed: \_\_\_\_\_ Initials: \_\_\_\_\_