International 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 International Advisor (PDSO/DSO) MUST SIGN Section B indicating the student is in active status and that the home institution retains responsibility for the student (i.e., registration and maintenance of status in SEVIS).
4. The form can be submitted by mail, email or fax using the contact information above.
5. 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 ____________________________

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.
- 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.getmytranscript.com.

_________________________________________  ____________________________
Student Signature  Date

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

<table>
<thead>
<tr>
<th>Prefix</th>
<th>Number</th>
<th>Course Title</th>
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<tbody>
<tr>
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This signature certifies that the student is authorized to take the course(s) listed above. The signature further indicates the student is in active status and that the home institution retains responsibility for the student (i.e., registration and maintenance of status in SEVIS).

_________________________________________  ____________________________
Registrar’s Signature (or designee)  Date

_________________________________________  ____________________________
PDSO/DSO (International School Official)  Date

Office Use Only:
SAAADMS  SFASRPO (if needed)  Date Keyed: ____________________________  Initials: ____________________________

Revised 11/30/2016