



Office of the Registrar
Application for Fifth-Year Status

Name: _____ CWID: _____

Email: _____ Expected Graduation Date: _____
Spring/Summer/Fall YY

Local off-campus address: _____

I request to transfer from Cadet to Day Student status effective _____ semester of 20____
Spring/Summer/Fall YY

*I understand that if I am approved for this status, I must find housing off-campus and meet the minimum requirements for continuance as stated in my catalog of record.

I plan to take the following course(s):
(SUBJECT - COURSE NUMBER)

Semester/Year:

Table with 2 columns: Course(s) and Semester/Year. Multiple rows for input.

Have you participated in the commencement ceremony? Yes No
Are you currently receiving any kind of Citadel scholarship? Yes No

If yes, what is the name of scholarship*? _____ *
Most Citadel-funded scholarship assistance is terminated once you are no longer a member of the Corps of Cadets.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Assistant Commandant for Discipline Signature: _____ Date: _____

Conduct Proficient Yes No
Fitness Proficient Yes No

Registrar Signature: _____ Date: _____

OFFICE USE ONLY

Associate Provost Signature: _____ Date: _____

Recorded to Banner Initials: _____ Date: _____