



1. Home Institution: CSU MUSC
CofC CGC TTC 2. Applying for: Term _____ Year _____

3. Name: _____
Last First Middle

4. Date of Birth: _____ 5. Gender: M F 6. SSN: _____
Month/Day/Year

7. Permanent Address: _____
Street/P.O. Box

City State Zip Code

8. Mailing/On-Campus Address: _____
Street/P.O. Box

City State Zip Code

9. Cell Phone: _____ 10. Email Address: _____

11. Ethnicity: Are you Hispanic or Latino? Yes No

12. Select one or more of the following racial categories to identify yourself: Black or African American: Alaskan Native:
American Indian: Asian: Native Hawaiian: Pacific Islander: White:

13. Are you a US Citizen? Yes No _____
If no, please provide visa type or alien registration number Expiration Date

14. Are you a resident of SC? Yes No If yes, what county? _____

15. Military Science Course Registration:

Course Number: 101 102 201 202 301 302 401 402
Contracting Lab: Yes No

16. By signing, I certify that I am enrolled full-time at my home institution and am responsible for alerting The Citadel to a change in my enrollment status. I understand that the Citadel will share enrollment information as well as a final transcript every semester with my home institution.

Student's Signature

Date

OFFICE USE ONLY

Citadel Registrar Approval

Date

Student CWID

Home Institution Registrar Approval

Date

Home Institution ID