



THE CITADEL

COLLEGE OF GRADUATE & PROFESSIONAL STUDIES

Summer Under

171 MOULTRIE STREET, CHARLESTON, SOUTH CAROLINA 29409-6250 (843) 953-5089 FAX (843) 953-7630

Date _____

Social Security Number _____ Last Name _____ First _____ MI _____

Street/PO Box _____ Apt. No. _____

City _____ County _____ State _____ Zip _____

Permanent Phone _____ Summer School Phone _____

In Case of Emergency Contact: _____ Phone _____

Birth Date: M _____ D _____ Y _____ Sex: F _____ M _____ SC Resident: Y _____ N _____

How long have you lived in South Carolina? _____

Ethnic Group: _____ American Indian _____ Hispanic _____ Non-Resident
_____ Asian Pacific Islander _____ White/Non Hispanic _____ African American/Non Hispanic

Have you received college credit from The Citadel? Y _____ N _____
Are you attending another institution: Y _____ N _____
If yes: Name of School _____ Dates attended _____ to _____
Are you eligible to return to your former institution? Y _____ N _____
Are you a high school student seeking college credit? Y _____ N _____ If yes: Please attach letter of permission.
Do you plan to enroll at The Citadel in the fall? Y _____ N _____
If yes: Cadet _____ Evening _____

Call #	Course ID	Credit Hours
1 0 2 5 4	E D U C . 3 0 7 . 8 1	3
Summer I	-----	-----
-----	-----	-----
-----	-----	-----
Summer II	-----	-----
-----	-----	-----
-----	-----	-----

FEES — (See Fee Schedule)

Application fee	_____
Credit hour resident	_____
Credit hour non-resident	_____
Registration	_____
Late Registration Fee	_____
Parking	_____
Lab Fees	_____
Barracks	_____
Lunch	_____
3 meals per day	_____
Activity Fee	_____

IF USING CREDIT CARD PROVIDE INFORMATION BELOW:

DISCOVER/NOVUS VISA MASTERCARD

CREDIT CARD NUMBER: _____ EXP. DATE: _____

STUDENT SIGNATURE _____ DATE: _____

STUDENT SSN# _____ STUDENT NAME (Pls print) _____