



Transient ROTC Application
Office of the Registrar

1. Home Institution: Charleston Southern

2. Applying for: Term Year

3. Name: Last First Middle

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

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. Course Registration:

Subject: Military Science

Course Number: 101 102 201 202 301 302 401 402

Contract 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.

Student's Signature

Date

OFFICE USE ONLY

Registrar Approval

Date

Student CWID