



THE CITADEL

THE MILITARY COLLEGE
OF SOUTH CAROLINA

**STUDY ABROAD & STUDY AWAY CONSORTIUM AGREEMENT
Enrollment Certification**

Section One: Completed by the Student

Date: _____

To Whom It May Concern:

I authorize the Host Institution Admissions Office and Records Office to provide my registration status to The Citadel:

Please print first and last name

CWID#

Electronic signatures are not accepted.

Student's Signature

Section Two: Completed by the Host Institution Registrar's Office

I am certifying that the student named above is enrolled at this school and has attended the first day of class (es)*:

_____ Total hours registered for the semester

The semester begins _____ and ends _____

****This form should not be certified by your signature prior to the student's first day of classes at your institution.***

Registrar's Signature

Print Name and Title

Date

Name of Host Institution where student is registered for the semester

Office of Financial Aid & Scholarships

171 Moultrie Street, Charleston, SC 29409 | 843-953-5187 | FAX 843-953-6759 | citadel.edu