



VISITING STUDENT APPROVAL FORM

A SCC Application for Admissions is required. High school and college transcripts are not required, and any placement testing requirements will be waived, as a courtesy to the home institution if this form is completed. Visiting students are not eligible for financial aid (A+, Federal Pell, etc.).

DOB: _____ / _____ / _____ Best Phone Contact Number: _____

Last Name: _____ First Name: _____ Middle Initial: _____ Jr.,3rd: _____

SCC Email: _____@stchas.edu Intended Term & Year of Enrollment at SCC: _____ (FA/SP/SU YEAR)

TO BE COMPLETED BY THE STUDENT'S COLLEGE/UNIVERSITY

The above-named student is in good academic standing, is college ready in math, writing, and reading, has completed the appropriate prerequisites for the course(s) listed below, and is eligible and authorized to take the course(s) during the semester/year named above. Transfer credit for these courses will be accepted upon successful completion of the coursework and receipt of an official transcript.

Name of Certifying Official: _____ Title: _____

College/University: _____ Phone Number: _____

HOME INSTITUTION

St. Charles Community College

Course Prefix	Course Number	Course Title		Course Prefix	Course Number	Section Number	Course Title

NOTE: Courses that are equivalent to or substitute for courses offered at SCC will transfer as long as the home institution is accredited and the student earns grades of at least "C". Grades and quality points earned in these courses will not be figured in the Cumulative Grade Point Average or the Adjusted Grade Point Average at SCC

If this form is completed and all courses are approved by the home institution the student will:

- 1) Email the completed form to enrollment@stchas.edu. It is required that the form be sent through your SCC email account.
- 2) Check your SCC email for confirmation of your registration.
- 3) Contact enrollment@stchas.edu if you have not received a confirmation of registration in your SCC email within one week.
- 4) Go in to the SCC Student Portal to view their schedule and pay fees.
- 5) By signing below, the student identifies understanding of the transient policy stated above and requests permission to take the above listed course(s).

BOTH SIGNATURES ARE REQUIRED

Student's Signature
 Date _____

Home Institution Certifying Official's Signature
 Date _____