



Office of the Registrar
Application for Fifth-Year Status

Name: _____ CWID: _____

Cell Phone Number: _____ Expected Graduation Date: _____

I request to transfer from Cadet to Day Student status effective _____ semester of 20_____

**I understand that if I am approved for this status, I must find housing off-campus and meet the minimum requirements for continuance as stated in my catalog of record.*

I plan to take the following course(s):

Semester/Year:

Have you participated in the commencement ceremony?

Yes No

Are you currently receiving any kind of Citadel scholarship?

Yes No

If yes, what is the name of scholarship*? _____

*** Most Citadel-funded scholarship assistance is terminated once you are no longer a member of the Corps of Cadets.**

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Assistant Commandant for Discipline Signature: _____ Date: _____

Conduct Proficient: Yes No

Fitness Proficient: Yes No

Registrar Signature: _____ Date: _____

OFFICE USE ONLY

Associate Provost Signature: _____ Date: _____

Recorded to Banner

Initials: _____

Date: _____