



Office of the Registrar  
Transient ROTC Application

1. Home Institution: CSU MUSC CofC 2. Applying for: Term \_\_\_\_\_ Year \_\_\_\_\_

3. Name: \_\_\_\_\_  
Last First Middle

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

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. Military Science Course Registration:  
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. I understand that the Citadel will share enrollment information as well as a final transcript every semester with my home institution.

\_\_\_\_\_  
Student's Signature Date

\*\*\*\*\*  
OFFICE USE ONLY

\_\_\_\_\_  
Citadel Registrar Approval Date Student CWID

\_\_\_\_\_  
Home Institution Registrar Approval Date Home Institution ID