



**South Carolina State University  
Piedmont Technical College  
Bridge Program  
Enrollment Form**



**Student Information**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_ Telephone number \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt # (If applicable) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Completed number of Piedmont Technical College credits (if none, list 0) \_\_\_\_\_

Anticipated # of Piedmont Technical College credits before transferring \_\_\_ Have you ever applied to SC State University before? \_\_\_ Yes \_\_\_ No

What is your major at Piedmont Technical College? \_\_\_\_\_

Intended SC State University Major \_\_\_\_\_

Term student plans to enter SC State University in \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_ Spring Year \_\_\_\_\_

**Referral Information**

*Complete this section with your advisor if you are a **current** student at Piedmont Technical College and plan to transfer to SC State University at least one semester from now.*

Advisor Name \_\_\_\_\_ Date \_\_\_\_\_

Department at Piedmont Technical College \_\_\_\_\_

Contact Information \_\_\_\_\_

Telephone Number

Email

**By signing this document, I accept the following conditions:**

*I authorize SC State University and Piedmont Technical College to share my information with one another, including but not limited to academic transcripts, grades, and courses. This information may be used for reverse transfer of hours to Piedmont Technical College for completion of an associate's degree.*

*Students served by the program begin their academic studies at Piedmont Technical College. These students will transfer to SC State University in junior status after earning their associate degree at Piedmont Technical College.*

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return to: Geoff Herzog  
SC State University  
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