COLLEGE of CHARLESTON

MULTICULTURAL STUDENT PROGRAMS AND SERVICES

SPECTRA Requirement for the Gateway to Success Scholarship

WAIVER of SPECTRA Summer Transition Program FORM

POLICY: All incoming freshmen students who were awarded the Gateway Scholarship are required to complete the SPECTRA Summer Transition Program. Students completing the SPECTRA Program establish a connection with their advisors, peer counselors, and faculty/staff who are actively involved in their academic success.

Complete the following information:

Full name: _____ CWID: _____

Date of Birth: _____

Graduation from high school: Month: _____ Day: _____ Year: _____

Name of High School: _____

Cell Phone: _____

To waive the SPECTRA requirement a student must meet at least one of the following conditions. Check either option that applies: (If neither of these options applies, you ***must*** complete the SPECTRA requirement.)

- ○ Student has completed at least **30** credit hours of coursework at a college. This coursework does include dual enrollment at a college during high school, AP or IB credits received, or online coursework.

_____ _____

College attended Dates of Enrollment

Please attach College transcript.

- ○ Special circumstances apply. A typed-written appeal by the student justifying the waiving of the SPECTRA requirement and any documentation supporting the appeal **must** be attached to this form.
  - The SPECTRA waiver form should be postmarked by June 1, 2013.
  - Allow approximately one week for review and processing. Students will receive an email sent to their campus email account confirming *approval* or *denial* of the SPECTRA waiver.
  - Approval or denial is determined by the Director of the Multicultural Student Programs and Services. Students who choose to appeal the denial decision must submit their appeal in writing within five days of denial notification by the Director. Appeal must go to Director.

► If the waiver is approved, student is required to complete a modified transition program in the fall.

FOR OFFICE USE ONLY

This SPECTRA waiver has been approved /not approved based on information submitted on _____.

_____ _____

(Director) (Date)

List date(s) for the following action(s):

_____ E-mail sent to student regarding approval or denial

_____ Student agrees to complete alternative program requirement during the 20___ fall semester.