South Carolina Higher Education Tuition Grants Commission

115 Atrium Way, Suite 102; Columbia, SC 29223

Phone: (803) 896-1120

Fax: (803) 896-1126

Grant Transfer/Withdrawal/Change Form

Student's Name	:			
Student's SS#:	XXX – XX –	(Last 4 Digits	Only)	
Check each of the following changes that apply:				
TRANSFER	aS .			
B B	eginning with F eginning with S Please indicate v	pring Semester whether you will be enrolled in a	<u>Traditional</u> or <u>Non-Trad</u>	<u>ditional</u> Program
From			_College/University	TradNon-Trad
То			_College/University	Trad Non-Trad
** <u>I understand</u>	that transferri	ng my SC Tuition Grant may	change the amount o	f my award.**
WITHDRAV	VALS			
Please w	ithdraw my SC	Tuition Grant Application for	theAwa	ard Year
I will not be attendingCollege/University				
CORRECTION	ONS			
	oarding ommuting (Li ff-Campus (N	ng status. I will be: ving with Parents) OT with Parents) anent home address:	 	
Student's Signature:			Date:	
Submit completed 1	11 C F	C. Tuition Grants Commission 15 Atrium Way, Suite 102 olumbia, SC 29223 ax: (803) 896-1126 En	nail: info@sctuitiongrants	9
SCHETGC use only:		er or	······································	-
		Database Updated By	Date	Revised 3/2014