

Technical College of the Lowcountry
Servicemembers Opportunity Colleges (SOC) Agreement Request Form

Last Name _____ First Name _____

Last 4 digits of SSN _____

Check one: _____ Active Duty _____ Dependent

Branch of Service: _____ Navy _____ Marine Corps

Military Installation: _____ MCAS _____ Parris Island _____ Other: _____

Active Duty Members only complete the following:

Pay Grade _____ MOS/Rating _____

Indicate degree program in which you are enrolled:

_____ Associate of Applied Science in Computer Technology

_____ Associate of Applied Science in Criminal Justice Technology

_____ Associate of Arts

_____ Associate of Science

_____ Associate of Applied Science in Paralegal

Please indicate if you have submitted or plan to submit any of the following sources of academic credit:

_____ CLEP Exams

_____ DSST Exams

_____ SMART Transcripts

_____ College transcripts from any college other than TCL. If yes, please list the name of college(s):

Signature

Date

Please return this completed form to:
TCL
Student Records
P. O. Box 1288
Beaufort, SC 29901