

111 Executive Center Dr Suite 242 Columbia, SC 29210 (803) 896-1120 info@sctuitiongrants.org

## **GRANT TRANSFER, WITHDRAWAL, CHANGE FORM**

Student Name:S	tudent SSN (last 4 digits): XXX-XX-
Please complete the section that applies to your change:	
TRANSFER –I request to transfer my SC Tuition Grant for the	Award Year.
Select one: Beginning Fall Semester	
Beginning Spring Semester	
From:College/Unive	ersity
To:College/University	
IMPORTANT: Indicate program and housing status at new institution:	
Select one: Traditional Program Non-traditional Program	
Select one: On Campus Boarding Commuting (Living with Parent)	Commuting (Independent)
** <u>I understand transferring my South Carolina Tuition Grant may change the amount granted</u> . **	
WITHDRAWAL	
I request to withdraw my South Carolina Tuition Grant Application for the	Award Year.
I will not be attendingColleg	e/University.
CORRECTION / CHANGE	
Please correct my housing status:	
Select one: On Campus Boarding Commuting (Living with Parent) Commuting (Independent)	
Permanent home address change:	
Student Signature:	Data
Student Signature.	Date
	ged? Yes No
myTG Updated By Date New Award:	