

PLEASE RETURN THIS COMPLETED FORM TO:

Attention: Credit Registry
55 Paul J. Manafort Drive. New Britain, CT 06053
Fax: 860.760.6918 | Email: registrar@charteroak.edu

Credit Registry Reactivation Form

The Credit Registry Reactivation Fee is required for people who are not seeking a degree at Charter Oak but have completed additional non-collegiate course(s)/exams reviewed by COSC and would like the course(s)/exams entered onto a transcript after the initial registry year. Fee includes one transcript sent to the student or to an institution designated in writing by student below.

PERSONAL INFORMATION					
Name (First, M.)	I., Last.)		Previous Name(s) (if applicable)		
Address		City		State	Zip
Email Address (please write clearly)		Phone Number	(with area code)		
SOURCE OF A	DDITIONAL CREDI	TS TO BE PLACED ON T	TRANSCRIPT (LI	ST ALL)	
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(Institution/Company)					
	(Number/Str	reet)		_	
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SIGNATURE					
51311111111					
Student Signatur	e		 Date		
		ppropriate (non-refundable) nake checks and money orde			
	FE	Е ТҮРЕ	FEE AM	OUNT	
Credit Registry Reactivation: COSC			\$63.	00	