COLLEGE OF CHARLESTON

Center for Disability Services
Phone (843) 953-1431
SC Relay System 1-800-735-2905

LCTR 104
160 Calhoun Street

Charleston, South Carolina 29424
Fax (843) 953-7731
SNAP@cofc.edu

CDS/SNAP Application Checklist

Only Complete Packets Are Accepted

Please fill out, check off, and attach to the front of the packet:

NAME: _____
(Please print) **Last** **First** **MI**

SID#: _____ **DATE:** _____

1. **____ SNAP/CDS Application Form, both sides complete, signed and dated.**

2. **____ Two copies of your psycho-educational evaluation report (no more than three years old) or medical documentation.**

3. **____ Two copies of your formal letter requesting alternative courses.**
   (The letter is needed only if you are requesting alternative courses to our math/logic or foreign language requirement.) Guide sheet is available in the SNAP office, on the website at www.cofc.edu/~cds/, and in the SNAP brochure.

Please place documents in the order listed in the checklist.

Thank you.