



***Transient Student Request Form***

- Must be in good academic standing
- Cannot exceed a combine total of 15 semester hours
- Class must be transferrable into current program of study

***Student Information***

Student Name : \_\_\_\_\_ Student ID#: \_\_\_\_\_  
                        First                                      Last  
Date of Birth: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Program: \_\_\_\_\_ Transient Semester: \_\_\_\_\_  
                    Degree      Diploma      Certificate

***Host College Information***

Name of College/University: \_\_\_\_\_

Course Name: \_\_\_\_\_ Course Number: \_\_\_\_\_

Semester Begin Date: \_\_\_\_\_ Semester End Date: \_\_\_\_\_

Pick-Up Transient Letter: \_\_\_\_\_ or Mail Transient Letter To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approve _____
Denied _____
Reason(s):
<input type="checkbox"/> Pre-req/Test Scores Not Met
<input type="checkbox"/> Wrong Major/Course
<input type="checkbox"/> Exceed maximum hours
Date: _____