



REQUEST FOR TRANSIENT STATUS

NAME _____ STUDENT ID NUMBER _____ GPA _____

COMMENTS _____

I HEREBY REQUEST PERMISSION TO ENROLL AT _____ FOR THE TERM/YEAR _____

FOR THE FOLLOWING REASON _____

Permission to enroll as a transient student is granted for a period of one quarter or semester.

*DEPT	*COURSE NUMBER	*COURSE TITLE	ASU DEPT	COURSE NUMBER	ADVISOR'S SIGNATURE	**CHAIRMAN'S SIGNATURE

IT IS THE STUDENT'S RESPONSIBILITY TO REQUEST THAT A TRANSCRIPT FROM THE ABOVE INSTITUTION BE SENT TO THE AUGUSTA STATE UNIVERSITY REGISTRAR'S OFFICE IN ORDER THAT THE COURSES TAKEN AS A TRANSIENT CAN BE ADDED TO HIS OR HER AUGUSTA STATE UNIVERSITY RECORD.

The above enrollment complies with the course load and transient policies of Augusta State University.
 Following the receipt of all approvals, return this form to the Registrar's Office.
 I certify that the student named above is in good standing as of this date.

DATE _____ REGISTRAR'S SIGNATURE _____

◇Credit earned at other institutions during periods of mandatory suspension from Augusta State University will not transfer back to Augusta State University.
 ◇A Student who has attempted a course at Augusta State University and has received a penalty grade in that course may not take the course at another institution and transfer it back to Augusta State University. **STUDENT SIGNATURE** _____

***Department, Course Number, and Title at the institution where student plans to enroll as a transient student.**
****Approval by chairman of the Department in which equivalent course is offered at Augusta State University.**

Note: Students must submit a formal application to the institution for which the transient permission form is requested. Students must comply with that institution's admissions standards and application deadlines.