



Registrar's Office
 800 Georgia Southwestern State University Drive
 Americus, GA 31709-4379
 Phone: 229-928-1331 / Fax: 229-931-2021

TRANSIENT PERMISSION

_____ gswID# _____

_____ Last Name _____ First Name _____ MI _____

_____ Address _____

_____ City, State, ZIP _____

Please print your name and address. It is the student's responsibility to ensure that an official transcript is sent to the Registrar's Office, Georgia Southwestern State University at the above address at the completion of the transient course.

_____ Name of Institution _____

_____ Office _____

_____ Address _____

_____ City, State, ZIP _____

*Please print the name, **office** and complete address of the Institution you wish to enroll in as a transient student.*

The above named student has permission to enroll for the _____ Semester, _____ as a transient student and to take the following course(s):

School Name	Georgia Southwestern State University Equivalent Course Number
_____	_____
_____ Course Number	_____ Course Number
_____ Course Number	_____ Course Number
_____ Course Number	_____ Course Number
_____ Course Number	_____ Course Number

Advisor's or Department Chairperson's Signature: _____ Date: _____

- In order that you may be assured that this transient credit will apply toward your degree program for core area F and any major area requirements, this form **must** be accompanied by a completed "Course Requirement Substitution Form".
- Student cannot take over 18 credit hours between all schools.
- Student must clear all holds before transient form is processed.
- Courses taken as transient credit will not be reflected in GSW GPA.
- Transient students who are graduating the same term must see Lois Oliver prior to approval.

Student's Signature: _____ Date: _____

<input type="checkbox"/> The Student is in good standing and eligible to return. <input type="checkbox"/> The Student is on academic warning, but is eligible to return. <input type="checkbox"/> The Student is on academic probation, but is eligible to return	Guaranteed Tuition Rate Attribute: _____ Registrar Representative: _____ Date: _____
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