

TRANSIENT STUDENT FORM - State University System of Florida

This form enables you to transfer credits of pre-approved courses within the State University System (listed below) for ONE TERM ONLY.

PARENT SCHOOL: _____

Instructions:

- 1) Enter on the line above the name of the parent school (where you are earning your degree). Check to the right the SUS school, known as the receiving school, you will be attending as a transient student, then complete and sign Section A.
- 2) Ask your academic adviser to complete and sign Section B. A copy of this form may then be kept by your adviser for departmental use.
- 3) The Registrar's Office of your parent school must complete Section C. You are then responsible for mailing or hand delivering the white copy to the REGISTRAR'S OFFICE of the receiving school. (Address listed to the right.)

RECEIVING SCHOOL:

- Florida A&M University, Tallahassee, FL 32307-3200
- Florida Atlantic University, Boca Raton, FL 33431-0991
- Florida Gulf Coast University, Ft. Myers, FL 33965-6565
- Florida International University, Miami, FL 33199
- Florida State University, Tallahassee, FL 32306-2400
- University of Central Florida, Orlando, FL 32816-2826
- University of Florida, Gainesville, FL 32611-4000
- University of North Florida, Jacksonville, FL 32224-2645
- University of South Florida, Tampa, FL 34243-2197
- University of West Florida, Pensacola, FL 32514-5750
- Other _____

COMPLETION OF THIS FORM DOES NOT CONSTITUTE REGISTRATION

SECTION A: To be completed by the student. Do not leave any questions blank. Please print with a ball point pen.

1. _____ Social Security Number	_____ - _____ FL Poly ID	2. _____ Last Name	_____ - _____ First Name	M.I.
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3. Term/Year: <input type="checkbox"/> Fall, ____ <input type="checkbox"/> Spring, ____ <input type="checkbox"/> Summer, ____ Term ____	4. Birthdate: _____ Mo / Day / Year	5. Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	6. Race: _____ Nation of Citizenship: _____
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7. Permanent Address _____
Number and Street Address _____

City _____ State _____ Zip _____ - _____ (_____) _____
Area Code Telephone Number

8. Address during term of attendance as a transient student _____
Number and Street Address _____

City _____ State _____ Zip _____ - _____ (_____) _____
Area Code Telephone Number

9. Highest degree held at time of transient registration: <input type="checkbox"/> None <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Other _____	10. Have you ever applied to or attended the RECEIVING school before: <input type="checkbox"/> Yes <input type="checkbox"/> No	11. Have you ever had any judicial problems: <input type="checkbox"/> Yes (if yes, please explain) <input type="checkbox"/> No _____
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I understand that if I register for courses not approved herein, I assume the full risk of transferability. I also understand that this application is for the ONE TERM specified and that a new form with approved courses must be submitted in order to continue my transient status within the State University System of Florida. I also understand that I must provide the parent school with an official transcript from the receiving school and I authorize the release of such records accordingly.

Signature of Student: _____ **Date:** _____

SECTION B: To be completed by academic adviser. Please print with a ball point pen.

COURSE APPROVAL: The above-named student is hereby authorized to take the following course(s) during the one term specified. Transfer credit for these courses will be acceptable upon the receipt of an official transcript according to the regulations of the parent school.

Prefix	Course	Hours	Course Title	Parent School Equivalent
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Signature of Academic Adviser _____ **Date** _____ **Signature of Academic Dean** _____ **Date** _____

Signature of International Student Office, if applicable _____ **Date** _____ **Signature of Sponsoring Dean** _____ **Date** _____

SECTION C: To be completed by the Registrar's Office of the parent school.

Yes No

- 1. The above-named student is regularly enrolled in a degree program and is eligible to re-enroll.
- 2. This student has a student health form on file indicating she/he has the required Measles and Rubella immunizations.
- 3. This student has completed the CLAST requirement.
- 4. This student has the required documentation on file with the parent school to meet the legal classification of

- Florida Resident
- Non-Florida Resident
- Non-Florida Resident Alien
- Non-Resident Alien
- Florida Resident Alien

Authorized Signature: _____ **Date:** _____

(Verifies Section C ONLY)