

COLLEGE OF GRADUATE AND UNDERGRADUATE STUDIES

TRANSIENT REQUEST FORM



STUDENT INFORMATION

Please print clearly:

Student ID: _____

Name: _____

Major/Program: _____

Phone: _____

E-Mail: _____

TRANSIENT INSTITUTION

Please provide complete name and address of college:

TO BE COMPLETED BY ADVISOR AND DEPARTMENT:

The advisor permits the student to attend the above institution during the Winter Fall Spring Summer quarter of _____ year and transfer the following course(s) to Life University:

TRANSIENT COURSE(S)				LIFE EQUIVALENT(S)			
Subject	Course #	Course Title	Hours	Subject	Course #	Course Title	Hours

It is the student's responsibility to register for courses that are applicable toward his/her degree and listed as approved on this form. All courses must be successfully completed as outlined in the Life University Catalog. It is also the student's responsibility to have official transcripts sent to the Registrar's office so that all applicable credit can be posted to the student's record.

Student is: Graduate Undergraduate

Please note that Advisor and Dean approval is required of all students. Students MUST be registered in less than 20 credit hours.

- A. Is the course available at Life University? Yes No
- B. Is the student enrolled in 20 credit hours or less? Yes No
- C. Does the student meet the prerequisites for the course? Yes No
- D. Is this student in good academic standing? Yes No
- E. Has the student applied for graduation? Yes No
- F. What is the student's current GPA? _____
- G. What is the total # of credits completed at Life University? _____
- H. What is the total # of transient credits requested? _____

Transient Reason _____

Student Signature _____ Date _____

OFFICE USE ONLY:	
Advisor's Signature _____	Date _____
Dean's Signature _____	Date _____
Registrar's Office Signature _____	Date _____