

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. The gold 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 <u>REGISTRAR'S OFFICE</u> of the _____ receiving school. (Address listed to the right.)	RECEIVING SCHOOL: <input type="checkbox"/> Florida A&M University, Tallahassee, FL 32307-3200 <input type="checkbox"/> Florida Atlantic University, Boca Raton, FL 33431-0991 <input type="checkbox"/> Florida Gulf Coast University, Ft. Myers, FL 33965-6565 <input type="checkbox"/> Florida International University, Miami, FL 33199 <input type="checkbox"/> Florida State University, Tallahassee, FL 32306-2400 <input type="checkbox"/> University of Central Florida, Orlando, FL 32816-2826 <input type="checkbox"/> University of Florida, Gainesville, FL 32611-4000 <input type="checkbox"/> University of North Florida, Jacksonville, FL 32224-2645 <input type="checkbox"/> University of South Florida, Tampa, FL 34243-2197 <input type="checkbox"/> New College, Sarasota, FL 34243-2197 <input type="checkbox"/> University of West Florida, Pensacola, FL 32514-5750
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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	2. _____ UFID	Last Name _____	First Name _____	M.I. _____
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: _____	
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 _____

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

<input type="checkbox"/> Florida Resident	<input type="checkbox"/> Non-Florida Resident	<input type="checkbox"/> Non-Florida Resident Alien
<input type="checkbox"/> Non-Resident Alien	<input type="checkbox"/> Florida Resident Alien	

Authorized Signature: _____ **Date:** _____
(Verifies Section C ONLY)