

# Transient Student Form Florida Atlantic University

This form enables you to transfer credits of pre-approved courses ONE TERM ONLY.

## IMPORTANT INSTRUCTIONS:

- 1) Check (✓) the institution you will be attending as a Transient Student, known as the **Receiving School**. Then complete and sign section A.
- 2) Ask your Academic Advisor to complete and sign Section B. The gold copy of this form may be retained by your advisor for Departmental use.
- 3) Submit form to any FAU Registrar's Office for completion of Section C. **Three working days** after submission, you may pick up the completed form. To receive the completed form by mail, **staple** a self-addressed stamped envelope to the form. You are responsible for submitting the white copy to the Registrar's Office at the Receiving School in accord with the Receiving School's procedures.

## RECEIVING SCHOOL:

- Florida A&M University, Tallahassee, FL 32307
- Florida Gulf Coast University, Ft. Myers, FL 33908-4500
- Florida International University, Miami, FL 33199
- Florida State University, Tallahassee, FL 32306-1011
- University of Central Florida, Orlando, FL 32816-0114
- University of Florida, Gainesville, FL 32611
- University of North Florida, Jacksonville, FL 32216
- University of South Florida, Tampa, FL 33620-6900
- New College, Sarasota, FL 33580
- 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 applicant. Do not leave any questions blank. Print with ballpoint pen.

1. \_\_\_\_\_ Social Security Number

2. \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

3. Transient Term: Fall, \_\_\_\_\_ Spring, \_\_\_\_\_ Summer \_\_\_\_\_ /Session \_\_\_\_\_

4. Birthdate: \_\_\_\_\_ Mo. Day Year

5. Sex \_\_\_\_\_

6. Nation of Citizenship: \_\_\_\_\_ Race: \_\_\_\_\_

7. Address during term of Attendance as a transient student. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ (Area Code) \_\_\_\_\_ Telephone Number \_\_\_\_\_

I understand that if I register for new 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 Student status. I also understand that I must provide FAU with an official transcript from the Receiving School, and authorize the release of such records accordingly.

The FAU Forgiveness Policy cannot be used for courses taken at another institution.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

## SECTION B: To be completed by Academic Advisor. Please print with a ballpoint pen.

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

|    | PREFIX | COURSE# | HRS.  | COURSE TITLE | FAU EQUIVALENCY |
|----|--------|---------|-------|--------------|-----------------|
| 1. | _____  | _____   | _____ | _____        | _____           |
| 2. | _____  | _____   | _____ | _____        | _____           |
| 3. | _____  | _____   | _____ | _____        | _____           |
| 4. | _____  | _____   | _____ | _____        | _____           |

Signature of Academic Advisor: \_\_\_\_\_

Credit hours of this approved transfer work will reduce the FAU undergraduate degree requirement of earning 60 hours at a baccalaureate granting institution.

\_\_\_\_\_  
Signature, Academic Dean or Representative

## SECTION C: To be completed by FAU Registrar's Office

Y  N The above named student is regularly enrolled in a degree program and is eligible to re-enroll.

Y  N This student has a Student Health Form indicating she/he has the required Measles and Rubella Immunities.

Y  N This student has a CLAST hold.

This student has the required documentation on file with FAU to meet the legal classification of:

**FAU Validation**

Florida Resident  Non-Florida Resident  Resident Alien  Documented Alien

Signature of Registrar: \_\_\_\_\_ Date \_\_\_\_\_