

TRANSIENT STUDENT FORM - State University System of Florida

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

PARENT SCHOOL: Florida Polytechnic University

RECEIVING SCHOOL:

Instructions:

- 1) Enter the State University System (SUS) school you will be attending as a Transient Student, known as the Receiving School, then complete and sign Section A.
- 2) Get your immunization clearance from the Health and Wellness Center.
- 3) Ask your Academic Adviser to complete and sign Section B.
- 4) The Registrar's Office of your Parent School (FL Poly) must complete Section C. You are then responsible for mailing or hand delivering the original copy to the appropriate office of the Receiving School (address to the right).

School Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

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.
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 _____ Number and Street Address _____ _____ student 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

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

Authorized Signature: _____ Date: _____

(Verifies Section C ONLY)