

PAINE COLLEGE  
OFFICE OF THE REGISTRAR



TRANSIENT STUDENT REQUEST

\_\_\_\_\_ Term, 200\_\_

THIS FORM MUST BE RETURNED TO THE REGISTRAR'S OFFICE FOR FINAL APPROVAL AND MAILING TO TRANSIENT INSTITUTION.

DATE: \_\_\_\_\_

PLEASE PRINT

Mr ( ) Miss ( ) Ms ( ) Mrs ( )

STUDENT NAME: \_\_\_\_\_ ID#: \_\_\_\_\_ SSN#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE# ( ) \_\_\_\_\_

LOCAL/SCHOOL ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE# ( ) \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

THE ABOVE NAMED STUDENT HAS REQUESTED PERMISSION TO TAKE THE FOLLOWING COURSE(S) AS A TRANSIENT STUDENT:

*Course Name & Course Number at Transient Institution	Equivalent Course Name and Course Number at Paine College
_____	_____
_____	_____
_____	_____
_____	_____

Name of Transient Institution: \_\_\_\_\_ \*\*Complete mailing address, please.

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**\*NOTE:** Students must have a GPA of 2.0 or better to be approved as a transient student. Submit a copy of the course description (s) from the transient institution catalog along with this application.

THE ABOVE NAMED STUDENT HAS BEEN GRANTED PERMISSION TO TAKE THE LISTED COURSE(S) AS A TRANSIENT STUDENT.

Signature of Major Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

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

CONDITIONS

1. Approval for transient study will not be given if a student is not in good academic standing at Paine College.
2. No grade below "C" can be accepted for credit.
3. Quality points are not transferable to Paine College.
4. If approval is granted prior to the end of a term in which the student is enrolled at Paine College, this approval may be rescinded if the student fails to maintain good academic standing in the end of that term.