## APPLICATION FOR TRANSIENT STUDY AT ANOTHER INSTITUTION

| NAME OF STUDENT                         |                               |          |                  |                  | ID#  |          | applies for transient (correspondence) study at: |               |          |  |
|---|-------------------------------|----------|------------------|------------------|--|----------|--|---------------|----------|--|
| NAME OF TRANSIENT STUDY INSTITUTION TRA |                               |          |                  |                  | ENT INSTITUTION MAILING ADDRESS            |          | DURING THE TERM / QUARTER                        |               |          |  |
| COURSES DES                             | SIRED FROM C                  | THER     | INSTITUTION      | 1                |  | SF       |  | L COLLEGE C   |          |  |
| DEPARTMENT                              | HRS                           | TITLE    |                  |                  | DEP  | ARTMENT  | COURSE NO  | HRS           |          |  |
|   |                               |          |                  |                  |  |          |  |               |          |  |
| CATALOG DE                              | SCRIPTION I                   | FROM     | OTHER INS        | TITUTI           | ON   |          |  |               | <b>I</b> |  |
| DEPARTMENT                              | COURSE NO                     | HRS      | TITLE            |                  |  | DEP      | ARTMENT  | COURSE NO     | HRS      |  |
| DEITHINE                                |                               | 1        |                  |                  |  |          |  |               |          |  |
|   |                               | <u> </u> |                  |                  |  | <u> </u> |  |               | <u> </u> |  |
| CATALOG DE                              | SCRIPTION I                   | FROM     | OTHER INS        | TITU <b>T</b> I( | ON   |          |  |               |          |  |
| Student Signature This student fir      |                               | ry and   | or desirable t   | to take ti       | Date<br>hese courses at another institutio | n beca   | use:   |               |          |  |
| APPROVED:                               |                               | ADVIS    | SER              |                  | D  | ATE      |  |               |          |  |
| [Please complete                        | this form in qua              | adrupli  | icate and have t | the studer       | nt bring it to the Registrar's Office]     |          |  |               |          |  |
| RECOMME                                 | ENDATION C                    | F AC     | ADEMIC OF        | FICIAL           | TO OTHER INSTITUTION                       |          |  |               |          |  |
| ☐ The above                             | e-named stud                  | ent is   | recommended      | d withou         | t qualification.                           |          |  |               |          |  |
|   | ve-named stud<br>probation, b |          |                  | •                | ualification because of scholastic         | deficie  | ency. The s                                      | student is on |          |  |
| This recomm                             | endation is not               | valid 1  | unless signed a  | and dated        | by the Academic Official.                  |          |  |               |          |  |
| ACADEMIC OFFICIAL                       |                               |          |                  |                  |  | DATE     |  |               |          |  |
| TITLE                                   |                               |          |                  |                  |  |          |  |               |          |  |
| SHCP No. 2012                           | (11/05)                       |          |                  |                  |  |          |  |               |          |  |