

TRANSIENT STUDENT FORM - State University System of Florida

This form enables you to transfer credits of pre-approved courses ONE TERM ONLY, within the State University System of Florida (listed below).

PARENT SCHOOL: UNIVERSITY OF WEST FLORIDA

RECEIVING SCHOOL:

Instructions

1. Check to the right the SUS School 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 last copy of this form may then be kept by your advisor 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 original to the Registrar's Office of the Receiving School (address listed to right).

- Florida A&M University, Tallahassee, FL 32307
- Florida Atlantic University, Boca Raton, FL 33431
- Florida Gulf Coast University,
- Florida International University, Miami, FL 33199
- Florida State University, Tallahassee, FL 32306
- New College, Sarasota, FL 33580
- University of Central Florida, Orlando, FL 32816
- University of Florida, Gainesville, FL 32611
- University of North Florida, Jacksonville, FL 32216
- University of South Florida, Tampa, FL 33620

COMPLETION OF THIS FORM DOES NOT CONSTITUTE REGISTRATION

SECTION A: To be completed by student applicant. Do not leave any questions blank. Please print with a ball point pen.

1. _____ - _____ - _____ 2. _____ Last Name _____ First Name _____ M I
Social Security Number

3. Term: Fall, 20____ Spring 20____ Summer 20____
 4. Birthdate: ____/____/____
Mo Day Yr
 5. Sex: M F
 6. Race: _____
 Nation of Citizenship: _____

7. Permanent Address: _____

City State Zip Code Area Code Phone Number

8. Address during attendance as transient student _____

City State Zip Code Area Code Phone Number

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. I also understand that I must provide my Parent School with an official transcript from the Receiving School and authorize the release of such records accordingly.

Signature of Student: _____ Date _____

SECTION B: To be completed by Academic Advisor. Please print with 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 the course(s) will be acceptable upon the receipt of an official transcript per the regulation of this Parent School. The student has completed all prerequisites for the course(s) listed below.

#	Course Prefix	Course Number	Credit Hours	Course Title
1.				
2.				
3.				
4.				

Signature of Academic Advisor: _____ Date _____

SECTION C: To be completed by the Registrar's Office of the Parent School

- Y N 1. The above named student is regularly enrolled in a degree program and is eligible to re-enroll.
- Y N 2. This student has a Student Health Form on file indicating she/he has the required Measles and Rubella immunities.
- Y N 3. This student has satisfied CLAST requirements.
- Y N 4. This student has the required documentation on file with this Parent School to meet the legal classification of:
 Florida Resident Non-Florida Resident Resident Alien Documented Alien

UWF Validation

Signature of Registrar _____ Date _____