

TRANSIENT REQUEST FORM



THIS FORM IS FOR INTERNAL USE ONLY. THIS FORM IS NOT A TRANSIENT LETTER

Complete and return this form to the Registrar's Office for processing. If approved, your transient letter will be generated by the Registrar's Office and forwarded to the college you wish to attend. You will be sent a copy of the letter to your Brenau email. Please allow two weeks for processing. **Transient permission will not be granted if there are outstanding financial obligations to Brenau University.** ****PLEASE NOTE:** The college for which this transient permission form is requested may require a formal application for admission. It is the student's responsibility to comply with that college's standards and application deadlines. Please also note that a transcript must be submitted to Brenau University Registrar's Office at the end of the transient session.

Student Information - Please print clearly:

Id No: _____ (DO NOT PUT SSN)

Name: _____

Brenau email: _____

Your Advisor: _____

Transient Institution Information:

Transient Institution**: _____

Campus Location _____

Please choose processing option: _____ Email _____ Fax

Email or Fax Number of Institution: _____

TO BE COMPLETED BY ADVISOR AND DEPARTMENT:

The advisor recommends the student attend the above institution and transfer the following course(s) to Brenau University:

Permission is requested for semester: Fall _____ Spring _____ Summer _____ / Year: _____

TRANSIENT COURSE(S)			
Subject	Course#	Course Title	Hours

BRENAU EQUIVALENT(S)			
Subject	Course#	Course Title	Hours

It is the student's responsibility to register for courses that are applicable toward his/her degree. All courses must be successfully completed as outlined in the Brenau University Catalog. It is also the student's responsibility to have official transcripts sent to the Registrar's Office so that all applicable credit can be posted to the student's record. (Students may not transfer more than 65 hours from a 2 year institution).

Student status: Graduate* _____ Undergraduate _____ Women's College _____

***Please note that department approval is required of all graduate students. See catalog for residency requirements.**

Yes_____ No_____	Is the course available at Brenau?	Yes_____ No_____	Is the student in the last 30 hours overall?
Yes_____ No_____	Has the student fulfilled the 30-hour residency requirement?	Yes_____ No_____	Has the student applied for graduation?
Yes_____ No_____	Is the student in the last 21 major hours?	Yes_____ No_____	Does the student have an associate degree?

Transient Reason: _____

Advisor's Approval: _____ Date: _____ Dept. Chair Approval: _____ Date: _____

REGISTRAR'S OFFICE USE ONLY:

Current Term:	Current Hours:	Cum. GPA:	Probation: Yes_____ No_____
Restrictions:	Applied for graduation:	Student Notified: Y _____ N _____	

COMMENTS: _____

Registrar Approval: _____ Date: _____

(Additional approval that may be required)

Vice President for Academic Affairs: _____ Date: _____