

Transient Student Application

(Transient process also available online for most Florida Schools at www.floridashines.org)

Attention:

You may not enroll at another institution as a transient while simultaneously enrolled at FSU.

Minimum Requirements:

Good Academic Standing and Completion of at least one term at FSU.

Instructions:

Step 1- You must establish that the courses you intend to take are offered during the term you will be enrolled as a Transient. Please note that you may not enroll at FSU and another institution as a transient student in the same semester.

Step 2- Go to 1005 Health and Wellness Center to obtain your IMMUNIZATION CLEARANCE FORM.

Step 3- See your ADVISOR to have classes approved and the FORM SIGNED.

Step 4- Have your Transient Student Form signed by your DEAN'S OFFICE. Most Freshman and Sophomore students go to The Office of Undergraduate Studies, A3400 University Center.

Step 5- Have your Transient Student Form signed and certified by the Certification Section of the Registrar's Office, 3900 UCA. (Immunization Clearance Form must be attached.)

Step 6- Submit a copy of the form to The Office of Financial Aid if you will be receiving aid for the term.

Step 7- Send the form to the school you are going to attend. Make a copy of the form for your records.

YOU are responsible for keeping a legible copy of this form.

YOU are responsible for having a transcript sent to FSU from the transient school, to the FSU Office of Admissions

TRANSIENT STUDENT FORM

This form enables you to transfer credits of pre-approved courses ONE TERM ONLY.

PARENT SCHOOL: Florida State University.

Instructions:

1. Enter the 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 and Dean to complete and sign Section B.
4. The Registrar's Office of your Parent School (FSU) must complete Section C. You are responsible for mailing or hand delivering the original copy to the appropriate office of the Receiving School. (Address listed to the right.)

COMPLETION OF THIS FORM DOES NOT CONSTITUTE REGISTRATION

RECEIVING SCHOOL:

School Name: _____

Address: _____

City: _____

State: _____ Zipcode: _____

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

1. _____ - _____ - _____ Social Security Number	2. _____ Last Name	_____ First Name	_____ MI
--	-----------------------	------------------	----------

3. Term: <input type="checkbox"/> Fall, 20____ <input type="checkbox"/> Spring, 20____ <input type="checkbox"/> Summer, 20____	4. Birthdate _____ / _____ / _____ Mo. Day Yr.
--	---

5. Sex: <input type="checkbox"/> M <input type="checkbox"/> F	6. Race: _____ Nation of Citizenship: _____
---	---

7. Permanent Address: _____
Number and Street Address

_____ - _____ (____) _____ - _____
City State Zip Code Area Code Telephone Number

8. Address during term of attendance as a transient student _____
Number and Street Address

_____ - _____ (____) _____ - _____
City State Zip Code Area Code Telephone 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 Adviser and Academic Dean. Please print firmly 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 receipt of an official transcript as per the regulation of this Parent School.

Prefix and Course	Hours	Course Title	Parent School Equivalent
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Adviser Name: _____ Phone: _____

Signature of Academic Adviser: _____ Date: _____

Signature of Academic Dean: _____ 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 the required documentation on file with the Parent School to meet the legal classification of:
- Florida Resident
 Non-Florida Resident
 Resident Alien
 Documented Alien

Signature of Registrar: _____ Date: _____

