

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: Florida State University

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 and Dean to complete and sign Section B. The gold copy may be retained by your department.
3. 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:

- Florida A&M University, Tallahassee, FL 32307-3200
- Florida Atlantic University, Boca Raton, FL 33431-0991
- Florida Gulf Coast University, Ft. Myers, FL 33965-6565
- Florida International University, Miami, FL 33199
- New College of Florida, Sarasota, FL 34243-2197
- University of Central Florida, Orlando, FL 32816-0114
- University of Florida, Gainesville, FL 32611-4000
- University of North Florida, Jacksonville, FL 32224-2645
- University of South Florida, Tampa, FL 33620-6900
- University of West Florida, Pensacola, FL 32514-5750

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	_____ M.I.
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 within the State University System of Florida. 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 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 the 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. _____	_____	_____	_____
5. _____	_____	_____	_____
Signature of Academic Advisor: _____		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 satisfied the CLAST requirements.
- Y N 4. 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: _____

