



Office of the Registrar
 Enrollment Management
 131 College Circle
 Swainsboro, GA 30401
 Tel: (478)289-2014 Fax: (478)289-2353

Transient Permission Form

Semester: Fall Spring Summer Year: _____

Student Information:

Student Name: _____ Student ID#: _____
Last First

Address: _____ Telephone: _____
City State Zip Code

Transient Institution Information:

Institution Name: _____

Address: _____
Street City State Zip Code

Transient Course Information:

List course(s) you plan to take at the transient institution. It is your responsibility to contact the institution for course offerings and course descriptions.

E – Equivalent Course
 S – Substitute Course
 ≠ -- Not equivalent to EGSC Course

Course(s) to be taken at transient institution					East Georgia State College Equivalent Course(s)			
Course Prefix	Course Number	Course Title	Hours	E/S	Course Prefix	Course Number	Course Title	Hours
Ex: ENGL	2112	World Literature I	3	E	ENGL	2112	World Literature I	3

Students must follow all policies and procedures related to Transient Student Permission.

The Office of the Registrar will review your transient permission request once you provide the required information and have initialed on the lines below and thereby affirm you have read, understood, and complied with each item listed:

___ I **have** attached a copy of the course description(s) from the transient institution.

___ I **understand** an academic hold will be placed on my record until I provide the above documentation and that future term registration may be affected at EGSC if I do not ensure an Official transcript has been received by the office of the Registrar for courses completed as a transient student.

 Student Signature

 Date

 Academic Advisor Signature

 Date

 Registrar's Signature

 Date

To be completed by the Registrar's Office:

___ Student has maintained good academic standing (2.00 GPA) at East Georgia State College and has approval to register with you for the above course(s).

___ Student is in good academic standing at East Georgia State College; the course(s) listed above are considered out-of-program and will **not** transfer back to our institution to satisfy degree requirements. Consequently, you are **not** eligible for **any** financial aid through East Georgia State College for course(s) listed above.

___ does not have permission to register with your institution for any courses.

___ other: _____

Office of the Registrar Signature

Date

For Office Use Only:

SOAHOLD: SOAPCOL: SAAADMS:

Copy to Financial Aid: Copy to Student: Date form Sent to Transient Institution: _____

Transient School Contact Information:

Name: _____ Tel: _____

Email: _____