

TRANSIENT STUDENT FORM – State University System of Florida

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

PARENT SCHOOL: **Florida International University**

Instructions:

- 1) Enter on the line above the name of the parent school (where you are earning your degree). Check to the right the SUS school, known as the receiving school, you will be attending as a transient student, then complete and sign Section A.
- 2) Ask your academic Advisor to complete and sign Section B. The gold copy of this form may then be kept by your advisor for departmental use.
- 3) The Office of the Registrar of your parent school must complete Section C. You are then responsible for mailing or hand delivering the white copy to the OFFICE OF THE REGISTRAR of the receiving school. (Address listed to the right.)
- 4) Make sure you keep a copy for yourself.

- RECEIVING
- Florida A & M University, Tallahassee, FL 32307
- Florida Atlantic University, Boca Raton, FL 33431-0991
- Florida Gulf Coast University, Fort Myers, FL 33908-4500
- Florida State University, Tallahassee, FL 32306-1011
- University of Central Florida, Orlando, FL 32816-0114
- University of Florida, Gainesville, FL 32611
- University of North Florida, Jacksonville, FL 32216
- University of South Florida, Tampa, FL 33620-6900
- New College, Sarasota, FL 33580
- University of West Florida, Pensacola, FL 32514-5750

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 ballpoint pen.

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| 1. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td> </tr> <tr> <td colspan="12" style="text-align: center;">Social Security Number</td> </tr> <tr> <td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td> </tr> <tr> <td colspan="12" style="text-align: center;">Student ID</td> </tr> </table> | | | | | | | | | | | | | Social Security Number | | | | | | | | | | | | | | | | | | | | | | | | Student ID | | | | | | | | | | | | 2. Last Name _____ First Name _____ MI _____ |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Social Security Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student ID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|---|---|---|--|
| 3. Term/Year <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer | Birth Date 4. ___ / ___ / ___ Mo. Day Yr. | 5. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | 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

9. Highest degree held at time of transient registration.
 None Associate Bachelor Master Other _____

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 the parent school with an official transcript from the receiving school and I authorize the release of such records accordingly.

Signature of Student _____ Date: _____

SECTION B: To be completed by academic Advisor. Please print with a ballpoint 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 according to the regulations of the parent school.

| Prefix (Subject Area) | Course (Catalog Number) | Hours | Course Title | Parent School Equivalent |
|-----------------------|-------------------------|-------|--------------|--------------------------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ |

Signature of Academic Advisor _____ Date _____ Signature of Academic Dean _____ Date _____

Signature of International Student Office if Applicable _____ Date _____ Signature of Sponsoring Dean _____ Date _____

SECTION C: To be completed by the Registrar's Office of the parent school.

Yes NO

1. The above-named student is regularly enrolled in a degree program and is eligible to re-enroll.

2. This student has a student health form on file indicating she/he has the required Measles and Rubella immunizations.

3. This student has completed the CLAST requirement.

4. This student has the required documentation on file with the parent school to meet the legal classification

| | | |
|---|---|---|
| <input type="checkbox"/> Florida Resident | <input type="checkbox"/> Non-Florida Resident | <input type="checkbox"/> Non-Florida Resident Alien |
| <input type="checkbox"/> Non-Resident Alien | <input type="checkbox"/> Florida Resident Alien | |

Parent School Validation

Authorized Signature: _____ Date: _____