# 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:** _____

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 adviser to complete and sign Section B. The gold copy of this form may then be kept by your adviser for departmental use.
3) The Registrar's Office of your parent school must complete Section C. You are then responsible for mailing or hand delivering the white copy to the REGISTRAR'S 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
- ☐ Florida State University, Tallahassee, FL 32306-2400
- ☐ University of Central Florida, Orlando, FL 32816-2826
- ☐ University of Florida, Gainesville, FL 32611-4000
- ☐ University of North Florida, Jacksonville, FL 32224-2645
- ☐ University of South Florida, Tampa, FL 34243-2197
- ☐ New College, Sarasota, FL 34243-2197
- ☐ University of West Florida, Pensacola, FL 32514-5750

**SECTION A:** To be completed by the student. 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/Year: ☐ Fall, ____ ☐ Spring, ____ ☐ Summer, ____ Term _____

4. Birthdate: __ __/__ __/__ __ (Mo Day Year)

5. Sex: Male ☐ Female ☐

6. Race: _____ Nation of Citizenship: _____

7. Permanent Address __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ (Number and Street Address)

__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ (City) __ __ (State) __ __ __ __ __ -- __ __ __ __ (Zip) (__ __ __) (Area Code) __ __ __ -- __ __ __ __ (Telephone Number)

8. Address during term of attendance as a transient student __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ (Number and Street Address)

__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ (City) __ __ (State) __ __ __ __ __ -- __ __ __ __ (Zip) (__ __ __) (Area Code) __ __ __ -- __ __ __ __ (Telephone Number)

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

10. Have you ever applied to or attended the RECEIVING school before:
☐ Yes ☐ No

11. Have you ever had any judicial problems:
☐ Yes *(if yes,please explain)* ☐ No
_____
_____

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 adviser. Please print 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 according to the regulations of the parent school.

| | Prefix | Course | Hours | Course Title | Parent School Equivalent |
|---|---|---|---|---|---|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |

**Signature of Academic Adviser** **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 of |

☐ Florida Resident ☐ Non-Florida Resident ☐ Non-Florida Resident Alien
☐ Non-Resident Alien ☐ Florida Resident Alien

**Authorized Signature:** _____ **Date:** _____
(Verifies Section C ONLY)