



Office of the Registrar  
501 College Street  
Cuthbert, GA 39840  
Office (229) 732-5962  
Fax: (229) 732-5994

## Transient Request Form

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_  
(Month) (Day) (Year)

Name and address of institution (host) to be attended: (Student must have applied for admission)


Term of attendance:       Fall       Spring       Summer      Year: \_\_\_\_\_

Host Institution Course Number & Name	Credit Hours	AC Course Equivalent Number & Name	Credit Hours

I understand that if I register for courses not approved on this form, I assume the full risk of transferability. I also understand that this approval is for the term noted above only. A new form must be approved if there is a change in the term of attendance. In addition, I understand that, at the end of the semester, it is my responsibility to provide Andrew College with an official transcript from the above-named institution for transfer of credits.

*I have applied for admission to the institution named above.*

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Approval of Academic Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Approval of the Andrew College Registrar:

The student has completed all the necessary prerequisites to enroll in the courses listed above at another (host) institution. If the student is currently enrolled in a prerequisite course and does not successfully complete the course, the host institution will be notified which may result in cancellation of their enrollment at that institution.

\_\_\_\_\_  
Registrar's Signature

\_\_\_\_\_  
Date