



TRANSIENT REQUEST FORM

This form must be submitted to request approval for transient or concurrent enrollment permissions at another US institution. The signature of your advisor, department chair/program manager, and the Registrar is required.

Student's Name _____, _____ Student CWID _____
Last First MI

Student's SSN (last 4 digits) _____ Program: _____ Current Term: _____

Transient to attend another US institution Concurrent to attend CCTC and another US institution

***Other restrictions may apply to CCTC course(s) which may require you to contact the course department chair.*

Term/Year you plan to attend: Fall _____ Spring _____ Summer _____

US College/University you plan to attend: _____

Address: _____

Course(s) to be taken (print)

To be completed by Advisor ONLY

COURSE	COURSE #	CREDIT HOURS	TITLE	CCTC Equivalent Course (Course Prefix and Number)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

To have credit posted properly, please provide an official transcript to the attention of the Registrar.

If you are receiving any type of Financial Aid, please contact the CCTC Financial Aid Office for additional information.

Credit for approved course(s) will be accepted at Central Carolina Technical College under the following provisions of standing policy for transfer credit:

1. The institution for which credit is being transferred must be regionally accredited.
2. A minimum grade of "C" is earned and transcribed in the course(s) taken.
3. The course is applicable to the student's pursued curriculum.

I have read and understand the information provided to me concerning this transient form.

Student Signature: _____ Date: _____

Academic Advisor's Signature: _____ Date: _____

Department Chair/Program Manager's Signature: _____ Date: _____

Registrar's Signature: _____ Date: _____