TRANSIENT STUDENT REQUEST FORM

This form is for CCTC students who are requesting permission for transient or concurrent enrollment at another regionally accredited institution. The completed form must be submitted to the Student Records Office at CCTC. The signature of your advisor, department chair/program manager, and the registrar is required. **Permission is not granted to students who are on academic suspension.**

Full Name: _______________________________, __________________________ Student ID: C__________________

Phone: ___________________________    Program of Study:  _______________________________________________

Name and complete address of college/university you plan to attend *(Please print clearly):*

__________________________________________

Term/Year you plan to attend:  □ Fall _____________  □ Spring ____________  □ Summer ___________

Course(s) to be taken (print)  

<table>
<thead>
<tr>
<th>Course Prefix</th>
<th>Course Number</th>
<th>Credit Hours</th>
<th>Course Title</th>
<th>CCTC Equivalent Course (Course Prefix and Number)</th>
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I understand:

- It is my responsibility to comply with the transient institution’s admission policies and application deadlines.
- If I register for course(s) not approved on this form, there is no guarantee course(s) will transfer back to CCTC.
- I must meet the prerequisites for the course(s).
- I must earn a minimum grade of “C” to be awarded transfer credit.
- I must request that my official transcript from the transient institution be sent to Student Records at CCTC.
- I must meet the residency requirements for my program by completing a minimum of 25% of my required coursework at CCTC (50% minimum for Paralegal program).
- It is my responsibility to contact CCTC’s Financial Aid Office if I have questions about my financial aid.

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

Student’s Signature:  ___________________________________________  Date:  __________________

Academic Advisor’s Signature: ___________________________________________  Date:  ______________
(or Department Chair/Program Manager)

Registrar’s Signature: ___________________________________________  Date:  ______________

FOR OFFICIAL USE ONLY:

Student’s current academic standing:  __________________________

Revised 02/03/2020