

Community College of the Air Force (CCAF)

TRANSIENT FORM

Please type or print

Name _____
(Last) (First) (Middle)

SSN (xxxx): _____

Institution student will attend Central Carolina Technical College

Address 506 N Guignard Sumter SC 29150
(Address) (City) (State) (Zip)

Year/Term you plan to attend:

Year: _____ Fall Spring Summer

Courses To Be Taken (Please print.)

| Course | COURSE NUMBER | CREDIT HOURS | TITLE | CCAF Approved | |
|--------|---------------|--------------|-------|---------------|----|
| | | | | YES | NO |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

Student's Signature Date

Education Counselor Date
Spratt Education Center
Shaw AFB