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_____
                      Last Name   First Name   MI

Phone: _____ Program of Study: _____

Name and <u>complete</u> address of college/university you plan to attend:

Name: _____

Address: _____

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

Course(s) to be taken (print)   *To be completed by Advisor ONLY*

Course Prefix	Course Number	Credit Hours	Course Title	CCTC Equivalent Course (Course Prefix and Number)

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 OFFICAL USE ONLY:
Student's current academic standing: _____

Revised 02/22/2023