



**CENTRAL CAROLINA**  
TECHNICAL COLLEGE

**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

\_\_\_\_\_  
Chief or Representative, Education & Training Date  
Signature