

**Slippery Rock University of Pennsylvania**  
**Slippery Rock, PA 16057**

**APPLICATION TO DO TRANSIENT COURSEWORK AT**  
**SLIPPERY ROCK UNIVERSITY**

(This is **NOT** a course registration form and should only be used by students who are enrolled at other institutions who wish to take coursework at SRU.)

Name \_\_\_\_\_  
(Last) (First) (Middle) (Former)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

E-mail Address: \_\_\_\_\_

County \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Where did you earn your undergraduate degree? \_\_\_\_\_

Year undergraduate degree received \_\_\_\_\_

School Granting Approval to take course(s) at Slippery Rock \_\_\_\_\_

The above named student has permission to enroll in the following courses at Slippery Rock University during the \_\_\_\_\_ term:  
(Semester/year)

<u>Course Title</u>	<u>Course Number</u>	<u>Semester Hours of Credit</u>

**Authorization signature from graduate institution granting approval:**

\_\_\_\_\_  
Dean/Advisor's name Title Signature Date

Upon completion and approval of this form, please forward to the Slippery Rock University Graduate Admissions Office (see address below) for approval. At that time, a course registration packet will be sent to you.

Office of Graduate Admissions  
Slippery Rock University  
Welcome Center  
124 North Hall  
Slippery Rock, PA 16057  
(724) 738-2051