

## **Transient Student Form**

Date: _								
Name:					Banner No.			
	Last		First		MI			
				ı		1	1	
Address:  Route, POB, or Nur		or Number/Street			City	S	tate	Zip
Classifications					Dl			
Classification: Majo				Phone:				
	certifies that the above stu	_	_	_	cultural and M	1echanical Unive	ersity and I	nas been
given pern	nission to register for the c	ourse(s) below as a	transient	student at:				
		Na	me of the	Institution				
		Institu	ition's Con	nplete Addre	ess			
Alabama A & M University Equivalent				Other Institution's Course(s) to be Taken				
Dept/No.	Course T	itle	Hrs	Dept/No.		Course Title		Hrs
			L	_				I
Semeste	r/Quarter for which pe	ermission is beir	ng grante	ed:	Semester & Ye	ear		
	is the responsibility of the	<u>-</u>	-	-	-			sient
	udent and to see that the or redit for the course(s) will l				-		-	
	grade of 'C' or better is ear	= = =	iai iuiiiiiii	ent or degre	e requiremen	ts at Alabailla A	adivi Offive	isity provide
• Th	ne University will NOT acce	ept any credits earn	-		_			
	robation/ Academic Suspe f Academic Affairs.	nsion. Students wit	hin their f	inal 30 hours	must also ob	tain approval fr	om the Vic	e President
OI	Academic Arians.							
	Advisor	Date	<u></u>		Departm	ent Chairperson		Date
	Dean of School	Date			Vice Preside	nt, Academic Affairs	:	Date
	Dean of School	Date	-			for Seniors Only **		Date