



SNEAD STATE COMMUNITY COLLEGE

Office of Admissions & Records
PO Box 734, Boaz, AL 35957
Phone 256.593.5120 • Fax 256.593.7180



TRANSIENT LETTER REQUEST FORM

Full Name _____

S Number _____

Current Address _____

City _____

State _____

ZIP _____

Student Email _____

Phone Number _____

Please send a transient letter to:

Full Name of Transient Institution: _____

Address: _____

Term (Current or Immediately Upcoming Term Only): ☐ Fall ☐ Spring ☐ Summer Year: _____

Courses Requested: (A student must be in good academic standing to process request. Snead State pre-requisites for a course must be completed and part of your Snead State academic record prior to submission of request.)

Transient Institution's
Course Number & Name

Snead State Course Equivalent

Student's Signature _____ Date _____

Choose One:

_____ Student Pick Up _____ Mail to Institution _____ Fax to Institution: _____

It is the policy of the Alabama State Board of Education and Snead State Community College, a postsecondary institution under its control, that no person shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age, be excluded from participation in, be denied benefit of, or be subjected to discrimination under any program, activity, or employment.