



# 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.)

<u>Transient Institution's Course Number &amp; Name</u>	<u>Snead State Course Equivalent</u>

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.