



Registrar's Office
 800 Georgia Southwestern State University Drive
 Americus, GA 31709-4379
 Phone: 229-928-1331 / Fax: 229-931-2021

TRANSIENT PERMISSION

_____ gswID#

_____ Last Name _____ First Name _____ MI

_____ Address

_____ City, State, ZIP

_____ Name of Institution

_____ Office

_____ Address

_____ City, State, ZIP

Please print your name and address. It is the student's responsibility to ensure that an official transcript is sent to the Registrar's Office, Georgia Southwestern State University at the above address at the completion of the transient course.

Please print the name, office and complete address of the Institution you wish to enroll in as a transient student.

The above named student has permission to enroll for the _____ Semester, _____ as a transient student and to take the following course(s):

**Georgia Southwestern State University
 Equivalent Course Number**

School Name	Course Number	Course Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Justification (must be included): _____

Advisor's or Department Chairperson's Signature: _____ Date: _____

Comments: _____

For Area F and major course, approval of student's dean is required:

Dean's Signature: _____ Date: _____

Comments: _____

- In order that you may be assured that this transient credit will apply toward your degree program for core area F and any major area requirements, this form **must** be accompanied by a completed "Course Requirement Substitution Form".
- Student cannot take over 18 credit hours between all schools.
- Student must clear all holds before transient form is processed.
- Courses taken as transient credit will not be reflected in GSW GPA.
- Transient students who are graduating the same term must see the Assistant Registrar prior to approval.

Student's Signature: _____ Date: _____

<input type="checkbox"/> The Student is in good standing and eligible to return. <input type="checkbox"/> The Student is on academic warning, but is eligible to return. <input type="checkbox"/> The Student is on academic probation, but is eligible to return	Guaranteed Tuition Rate Attribute: _____ Registrar Representative: _____ Date: _____
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*This form must accompany the Transient Permission Form if the transient course will be used to meet requirements in core area F or any major area requirements

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800 Wheatley Street, Americus, GA 31709-4379

COURSE REQUIREMENT SUBSTITUTION FORM

Submit in Duplicate to VPAA

Date: _____

Name: _____

Student Level: _____

gswID#: _____

Graduation Term: _____

Request is hereby made for the following change of course(s) in the required degree program in _____ for the above named student:

SUBSTITUTION COURSE NUMBER AND TITLE	REQUIRED COURSE COURSE NUMBER AND TITLE	IN WHAT AREA OF DEGREE WILL COURSE BE USED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

JUSTIFICATION (REQUIRED):

Advisor's Signature

If required course is from another department or school:

Department Chair's Signature

Department Chair's Signature

Dean's Signature

Dean's Signature

Approved: _____
Vice President for Academic Affairs

Date: _____