TRANSIENT STUDENT FORM

This form enables you to transfer credits of pre-approval courses ONE TERM ONLY.

IMPORTANT INSTRUCTIONS:

1. Check ☒ for the institute you will be attending as a Transient Student, known as the Receiving School. Then complete and sign Section A below.
2. Request for your Academic Advisor to complete and sign Section B.
3. Submit form to USF Registrar's Office (SVC1034) for completion of Section C.
   Three business days after submission, you may pick-up the completed form. To receive the completed form by mail, attach a self-addressed stamped envelope to the form. You are responsible for submitting the white copy to the Registrar's Office at the Receiving School in accordance with the Receiving School's procedures.

COMPLETION OF THIS FORM DOES NOT CONSTITUTE REGISTRATION

The University of South Florida protects the social security numbers of all individuals which are in its possession. As required by Florida law (119.071 (5)), USF provides written notice to persons of the potential uses for the number at http://it.usf.edu/standards/ssn.

RECEIVING SCHOOL (Check Box):

- ☐ Florida A&M University, Tallahassee, FL 32307-3200
- ☐ Florida Atlantic University, Boca Raton, FL 33431-0991
- ☐ Florida Gulf Coast University, Ft. Myers, FL 33908-4500
- ☐ Florida International University, Miami, FL 33908-4500
- ☐ Florida State University, Tallahassee, FL 32306-1011
- ☐ University of Central Florida, Orlando, FL 32816-0114
- ☐ University of Florida, Gainesville, FL 32611-8140
- ☐ University of North Florida, Jacksonville, FL 32224-2645
- ☐ University of South Florida, Tampa, FL 33620-6900
- ☐ New College of Florida, Sarasota, FL 34243-2197
- ☐ University of West Florida, Pensacola, FL 32514-5750
- ☐ _____

SECTION A:	**To be completed by student applicant. Do not leave any questions blank.**						
First Name:		Last Name:		Middle Initial		Social Security No.	
Ethnicity: (Check Box)	☐ Asian/Pacific Islander	☐ Black Non-Hispanic	☐ Hispanic	☐ American Indian / Alaskan Native	☐ Non-resident Alien	☐ Unknown	☐ White Non-Hispanic
Date of Birth		Term (Check Box)	Fall ☐	Spring ☐	Summer ☐		
Nation of Citizenship		Gender:		Male ☐	Female ☐	Not Available	
Business Telephone Number	( )	Home/Mobile Telephone Number	( )				
Email Address							
Address while attending USF (or Permanent Residence address):							
Address during Term of Attendance as a Transient Student:							

I understand that if I register for courses not approved herein, I assume the full risk of transferability. I also understand that this application is for the ONE TERM specified and that a new form with approved courses must be submitted in order to continue my Transient Student status. I also understand that I must provide USF with an official transcript from the Receiving School, and authorize the release of such records accordingly.

Signature of Student:		**Date:**	

SECTION B:	**To be completed by Academic Advisor.**			
COURSE APPROVAL: The above named student is hereby authorized to take the following course(s) during one term specified. Transfer Credit for these courses will be acceptable upon receipt of an official transcript as per the regulation of University of South Florida.				
SUBJECT	**COURSE #**	**CREDIT HRS**	**COURSE TITLE**	**USF EQUIVALENCY**
Signature of Academic Advisor			**Date**	
☐	Credit hours of this approved transfer work will reduce the USF undergraduate degree requirement of earning 60 hours at a baccalaureate-granting institution.			
Signature of ARC Representative:				

SECTION C:	**To be completed by USF Office of the Registrar.**			
☐ **Yes**	☐ **No**	**The above named student is regularly enrolled in a degree program and is eligible to re-enroll.**		
☐ **Yes**	☐ **No**	**The student has a Student Health Form on file indicating she/he has the required Measles and Rubella immunities.**		
☐ **Yes**	☐ **No**	**This student has a Medical History Form on file.**		**USF Validation**
☐ **Yes**	☐ **No**	**This student does not have a CLAST hold.**		
This student has the required documentation on file with USF to meet the legal classification of the following:				
Florida Resident ☐	**Non-Florida Resident** ☐	**Resident Alien** ☐	**Documented Alien** ☐	
Signature of Registrar:			**Date:**	

OFFICE OF THE REGISTRAR

University of South Florida • 4202 East Fowler Avenue, SVC 1034 • Tampa, Florida 33620-6950

(813) 974-2000 • Fax (813) 974-5271 • www.registrar.usf.edu