TRANSIENT STUDENT PERMISSION FORM

TO BE COMPLETED BY STUDENT. Please PRINT in ink.

Last Name First Name Middle Name

Social Security Number CFCC ID#

Semester as a Transient Student: ☐ Fall 200__ ☐ Spring 200__ ☐ Summer 200__

Name of college attending as transient student City State

TRANSIENT COURSE(S)			**CFCC EQUIVALENT**
Course Number	Course Title	Credit Hours	To be completed by CFCC Academic Program Advisor or Transcript Evaluator

Course Approval: The above named student is hereby authorized to take the following course(s) during the one semester specified. Transfer credit for these courses will be evaluated upon receipt of an official transcript.

Academic Program Advisor's comments:_____

_____

_____ or _____

Signature of Academic/Program Advisor Date Signature of Transcript Evaluator Date

I have read and understand the following:

- If I register for courses not approved on this form, those courses may not transfer back to CFCC.
- This application does not constitute admission to the other institution and I must follow their admissions process.
- This application is for the ONE SEMESTER specified. A new form with approved courses must be submitted for each semester I wish to continue my transient status at the other institution.
- I must provide CFCC with an official transcript from the receiving school, and I authorize the release of such records accordingly.
- To earn a degree from CFCC, I must earn a minimum 2.0 GPA on work taken at CFCC, and *transfer work from another institution will **not** be calculated in my CFCC GPA.*
- If my final grades for the current semester place me on academic suspension/dismissal for the semester in which I applied to be a transient student, then the transient form becomes null and void.
- Students attending Central Florida Community College MUST complete their last 15 hours of coursework at CFCC to be considered for graduation. Students having fewer than 15 hours (minimum 25%) left at CFCC to complete their degree must petition to waive the 15 hour requirement. For more information about graduation petitions, please see your academic or program advisor.

Signature of Student_____ **Date**_____

To be completed by the CFCC Office of Admissions and Records

The above named student has the following student status:
☐ Good standing ☐ Academic probation
☐ Academic warning

This student has the following residency status:
☐ Florida resident for tuition purposes
☐ Non-Florida resident for tuition purposes

Office of Admissions and Records certification_____ Date_____