SAVANNAH TECHNICAL COLLEGE

TRANSIENT STUDENT REQUEST FORM

(Please Print)

STUDENT INFORMATION

Student ID/SSN: _____   Date of Birth: _____

Name: _____

Address: _____
Street

_____
City/State/ZIP

Email Address: _____   Phone Number: _____

Program of Study: _____

☐ Degree   ☐ Diploma   ☐ Certificate

NAME AND COMPLETE ADDRESS OF HOST INSTITUTION (Where you request to take course(s):

ADVISOR APPROVAL

I certify the student has met the pre-requisites for the course(s) listed below; course(s) are a part of the student's current program of study and approve the student to enroll in said course(s) at the Institution listed on this form.

	Course Number (i.e.: COMP 1000)	Course Name (i.e.: Introduction to Computers)
1.		
2.		
3.		
4.		

Advisor Signature: _____   Date of Approval: _____

Requirements for Transient Permission
1. Course is not offered at Savannah Technical College
2. Student must be currently enrolled and in good academic standing.
3. Course(s) requested must be part of student's current program of study.
4. Student must have satisfactorily completed all pre-requisites for the requested course(s).

I certify that I have read and understand the requirements for transient status and have met with a financial aid officer prior to submitting this request.

Student Signature: _____   Date of Request: _____

(NOTE: THIS IS A REQUEST FOR APPROVAL ONLY. TRANSIENT STATUS IS NOT APPROVED UNLESS A TRANSIENT LETTER IS ISSUED AND SIGNED BY THE REGISTRAR.)

Revised 12/12/2011