



POLK STATE COLLEGE TRANSIENT STUDENT FORM

Student Name _____

SS# _____ - _____ - _____

Address _____

Telephone # _____

Name of Institution _____

Degree Program _____

Address _____

Graduating This Term No _____ Yes _____ (Please check appropriate)

This is to certify that the above referenced student is in **good standing** at Polk State College and is currently **eligible** for enrollment. The student has met the prerequisites to take the course listed below at your institution.

Courses for which permission is granted are stated below to be taken in Term _____ (a separate form is required for each term.)

| POLK STATE COLLEGE | | OTHER INSTITUTION | |
|--------------------|--------------------|-------------------|--------------------|
| COURSE # | COURSE DESCRIPTION | COURSE # | COURSE DESCRIPTION |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

Student Academic History Attached

It is the student's responsibility to request the official transcript, upon completion of the course(s), to be sent to Polk State College. If the student requests to retake a course that he/she is currently taking at PSC but failing, the student understands that this approval is void if the student passes the PSC course.

Student Signature _____ Date _____

Academic Advisor _____ Date _____

Registrar Approval _____ Date _____

| | |
|---|--|
| Records Processing: Trans Req Log _____ Comments _____ Send to student _____ Send to INST _____ | Advisor Please Check: <input type="checkbox"/> SAP <input type="checkbox"/> HOLDS _____ (INITIALS) DATE _____ *If a SAP/REST-restrictions student may not transient |
|---|--|