

Transient Request Form

Student Name: _____ Student ID: _____

Date of Birth: _____ \ _____ \ _____
(Month) (Day) (Year)

Name and address of institution (host) to be attended: (Student must have applied for admission)

Term of attendance:

☐ Fall

☐ Spring

☐ Summer

Year: _____

Host Institution Course Number & Name	Credit Hours	AC Course Equivalent Number & Name	Credit Hours

I understand that if I register for courses not approved on this form, I assume the full risk of transferability. I also understand that this approval is for the term noted above only. A new form must be approved if there is a change in the term of attendance. In addition, I understand that, at the end of the semester, it is my responsibility to provide Andrew College with an official transcript from the above-named institution for transfer of credits.

☐ *I have applied for admission to the institution named above.*

Signature of Student: _____ Date: _____

Approval of Academic Advisor: _____ Date: _____

Approval of the Andrew College Registrar:

The student has completed all the necessary prerequisites to enroll in the courses listed above at another (host) institution. If the student is currently enrolled in a prerequisite course and does not successfully complete the course, the host institution will be notified which may result in cancellation of their enrollment at that institution.

Registrar's Signature

Date