

TRANSIENT STUDENT FORM

(Requires 2 weeks processing time. Complete one form for each course)

STUDENT INFORMATION				
Last Name	First Name	MI		
Student ID #	Major	Advisor		
Current Email Address	() Current Telephone #	- Box #		

- 1. Indicate whether you are: 🗌 Traditional Southeastern Student 🗌 DCAE Student 🗌 Graduate Student
- 2. Indicate the semester and year for which you seek transient status:
- Fall (Aug-Dec) ____ Spring (Jan-Apr) ____ Summer (May-July) ____ 3.
 - Indicate how you would like your transient letter processed:
 - ☐ I will pick it up; please call me when it is ready: (_____)
 - Please mail it directly to the college at the address listed below.

Please fax it directly to the college at the fax number listed below.

INSTITUTIONAL INFORMATION				
College or University		Accredi	Accreditation	
Address	City	State	Zip	
() - Telephone #	() Fax #	-		
If you plan to use financial aid fro the consortium agreement. A cop List below the course number and	ng Southeastern Financial Aid for om Southeastern University you must by of the transient form is required. d name you plan to take. Attach a cou ourse, you <u>must</u> complete a new trans	t go to Financial 1rse description	Aid to fill out	
This course substitutes for:				
PRINT Department Chair Name	Depa	rtment Chair Si	gnature	
(Signatures are required for all major ALL SIGNED FORMS MUST BE	core courses and/or for coverage by financi E RETURNED BY THE CHAIR - NO	al aid .from the De DT THE STUDE	partment Chair) E NT.	

Transfer Acceptability Check – Office of Registrar Only				
Institution is regionally accredited or ABHE (qualifies for Religion courses)				
Course Level acceptable standard.				
Student with 63 + earned hours – only taking Gen Electives/Gen Ed at Comm. College				
Student does not have equivalent on current record				
Student has not reached 75% of program				
Student meets term limitations (12 hours for summer, 17 hours for spring or fall)				
Office of Registrar Staff signature Date				
NOTE ANY EXCEPTIONS:				
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Exception Approved Exception Denied Denial Reason				
Registrar Approval for Exception Date of Approval for Exception				

STUDENT RESPONSIBILITY:

I accept responsibility for the following:

- 1. Transient credit must be taken at a regionally accredited school.
- 2. With 63 or more earned hours, I may not take courses at a 2-year college except to meet specific General Education requirements.
- 3. I, the student, am responsible for applicability of transient credit. I must consult with my academic advisor in the selection of transient course(s) in my major. I understand that only courses with a "C" grade or above will be accepted in transfer.
- 4. If I have earned 75% of the hours in my program, I must write a letter of appeal to the Registrar explaining why transient status is necessary. (Attach to this form.)
- 5. I may be required by the transient school to provide a transcript which must be requested two weeks prior to need. (Transcripts fees apply)
- 6. I cannot take more than 17 credit hours a term including transient status courses without permission for an overload.
- 7. I am limited to a total of 12 hours during in combination of summer terms.
- 8. If I decide to take a course as a transient student that is not listed on this form, I must submit a new form to the Office of the Registrar at Southeastern University.

Student Signature _____

Date ____/___/____