

PERMISSION FOR TRANSIENT PERMISSION

\_\_\_\_\_  
Name

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Major

I request permission to take the following courses at

\_\_\_\_\_  
College

\_\_\_\_\_  
Semester

\_\_\_\_\_  
Transient Courses(s)

\_\_\_\_\_  
SGC Equivalent(s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The justification for this request is as follows:

\_\_\_\_\_

\_\_\_\_\_

I also plan to take the following courses at SGC during the same semester \_\_\_\_\_

\_\_\_\_\_

STUDENT'S STATEMENT

My signature below indicates that I understand that I must have a transcript showing credit for the course(s) listed above sent to SGC. I further understand that I must make a minimum of a "C" grade in each course in order to receive credit for that course at South Georgia College. I am responsible for seeing that the above course(s) is applicable to my SGC program. I must also apply for admission to the college to university where I will be taking transient course(s).

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

APPROVALS:

\_\_\_\_\_  
Faculty Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Division Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Registrar

\_\_\_\_\_  
Date