



Transient Permission Form

Student Name: _____ Student ID: _____

Phone: _____ E-mail Address: _____

Mailing Address: _____ City, State, Zip: _____

I request permission to take the following courses as a transient student at:

Transient Institution: _____

Transient Term: Summer 20____ Fall 20____ Spring 20____

Transient Courses(s)

SGSC Equivalent(s)

The justification for this request is as follows:

I also plan to take the following courses at SGSC during the same semester:

My signature below indicates that I understand that I must have a transcript showing credit for the course(s) listed above sent to SGSC. 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 State College. I am responsible for seeing that the above course(s) is applicable to my SGSC program. I must also apply for admission to the institution where I will be taking transient course(s).

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Dean Signature: _____ Date: _____

The student named above is in good standing and eligible to return SGSC. The student has permission from South Georgia State College to be a transient for the term/year listed above and take the approved course(s) listed. If the student’s academic standing changes, the student will not be eligible to be transient at your institution.

Office Use Only: Eligible Yes No Processed by _____ Date _____