Transient Student Form
Florida A&M University, Registrar’s Office
1700 Lee Hall Drive, Room 112 FHAC, Tallahassee, FL 32307-3200
850-599-3115

SECTION A: TO BE COMPLETED BY STUDENT APPLICANT. Please print.

Student I.D.: ___________________________ Date of Birth: ___________________________

Last Name: ___________________________ First Name: ___________________________ MI ___________

Permanent Address: ___________________________ (Number, Street, Apt. #, City, State, Zip Code)
(Area Code) Telephone Number

Receiving University/College ___________________________ Term: Fall _____ Spring _____ Summer _____
(Institution you will be attending) (Year)

I understand that if I register for courses not approved herein, I assume the full risk of transferability. I also understand that this application is for the ONE TERM specified; that I must provide FAMU with an OFFICIAL TRANSCRIPT from the receiving school and authorize the release of such records accordingly.

Signature of Student: ___________________________ Date: ________________

SECTION B: TO BE COMPLETED BY ACADEMIC ADVISOR. The above named student is hereby authorized to take the following course(s) during the one term specified.

<table>
<thead>
<tr>
<th>Prefix</th>
<th>Course #</th>
<th>Hours</th>
<th>Course Title</th>
<th>School Equivalent</th>
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<tbody>
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Advisor’s Signature: ___________________________ Date: ________________
Chairperson’s Signature: ___________________________ Date: ________________
Dean’s Signature: ___________________________ Date: ________________

SECTION C: TO BE COMPLETED BY THE REGISTRAR’S OFFICE

Yes   No
___    ___ The above named student is regularly enrolled in a degree program and eligible to re-enroll.
___    ___ The student has a Student Health form on file indicating the required Measles and Rubella immunities.
___    ___ No outstanding financial obligations (Not on Cashier’s hold).

The student’s residency classification for tuition purposes is:
___ Florida Resident    ___ Non-Florida Resident    ___ Resident Alien    ___ Documented Alien

Signature of Registrar: ___________________________ Date: ________________

Official Seal Here