



TRANSIENT PERMISSION FORM

Procedure: After completing Step 1, students may turn this form in to their advising division (Advising Center), the Registrar's Office, the WRC or RRC. The Registrar's Office, WRC and RRC will forward the request to the appropriate advising division for approval. Students planning to consult with their advisor concerning their request should expect to make an appointment with the division. After division review is complete the request will be forwarded to the Registrar's Office for final processing.

STEP 1. TO BE COMPLETED BY STUDENT:

Last Name	First Name	MI	Student ID# or SSN
(Mailing Address) Street	City	State	ZIP Advising Division

Name and complete address of the institution you plan to attend as a transient student:

Semester or term you plan to attend as a transient student:	Year: 20_____ Term _____
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I understand that I am required to consult with my advisor and select and register for course work appropriate to my degree/certificate program. Information concerning degree and residency requirements may be obtained from the applicable Macon State College catalog or from my academic advisor. I further understand that it is also my responsibility to apply to the institution I plan to attend and request that an official transcript of my work at that institution be sent to the Registrar's Office at Macon State College.

Student's Signature: _____ Date: _____

Transient Course Information (MSC Equivalent Course information may be verified with the Registrar's Office)

Other Institution's Course Number & Title	Credit Hours <input type="checkbox"/> Qtr <input type="checkbox"/> Sem	Macon State Equivalent Course #	Semester Hrs
	<input type="checkbox"/> Qtr <input type="checkbox"/> Sem		
	<input type="checkbox"/> Qtr <input type="checkbox"/> Sem		
	<input type="checkbox"/> Qtr <input type="checkbox"/> Sem		
	<input type="checkbox"/> Qtr <input type="checkbox"/> Sem		
	<input type="checkbox"/> Qtr <input type="checkbox"/> Sem		

REASON FOR TRANSIENT REQUEST: Course Not Available Schedule conflicts Other (Briefly state below)

STEP 2. TO BE COMPLETED BY ADVISING DIVISION (After completion, forward to the Registrar's Office for final processing)

ADVISOR REVIEW: This student has approval for the course(s) listed above _____
Signature _____ Date _____

DIVISION CHAIR REVIEW: Approved Not Approved _____
Signature _____ Date _____

Comments:

STEP 3. OFFICE OF THE REGISTRAR:

- Student is in Good Standing and is eligible to return to MSC.
- Student is not in Good Standing but is eligible to return to MSC .
- Student is not in Good Standing and is not eligible to return to MSC; however the College interposes no objection to the student attending your institution.

MSC Registrar's Office _____ Date: _____
Signature