

SOUTH FLORIDA COMMUNITY COLLEGE

TRANSIENT STUDENT FORM

(Attendance at Other Colleges)

Course to be completed at _____
(Institution)

Term: FALL SPRING SUMMER

This is to certify that _____

Date of Birth: _____/_____/_____

SFCC GID number: _____ is a student at South Florida Community College and is eligible to re-enroll. He/she has permission to take the course(s) listed below at your institution. It is the student's responsibility to request that a transcript be sent to SFCC upon completion of the course work at your institution.

Prefix Number Course Name _____ Hours

Prefix Number Course Name _____ Hours

Prefix Number Course Name _____ Hours

Prefix Number Course Name _____ Hours

Recommended _____
(Counselor/Advisor) _____ Date

Approved _____
Registrar _____ Date

Residency Classification at SFCC: Florida Out of State Out of Country

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