



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: _____/_____/____

SFSC GID number: _____ is a student at South Florida State 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 SFSC 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 SFSC: Florida Out of State Out of Country