



## 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

Crrtqxgf \_\_\_\_\_  
(HlpcpekriClf) Date