



Office of the Registrar
 Summerville Campus
 Rains Hall
 (706) 446-1430
 registrar@augusta.edu

REQUEST FOR TRANSIENT PERMISSION

Augusta University students must be in good standing and obtain prior approval to enroll in courses at another institution.

PART 1: STUDENT INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____ Student ID: _____
 Degree: _____ Major: _____ Graduation Application on File? No Yes

PART 2: REQUEST INFORMATION

Transient Term: Fall Spring Summer 20 _____ Transient Institution: _____

Transient Institution Email Address (The Registrar's Office will send the completed form to the email address listed.): _____

Reason for Transient Request: Course Not Available Schedule Conflicts Other (Provide a brief justification below.)

Justification:

Will the course(s) fulfill a degree requirement? Yes No Area: Core (Area A-E) Area F Major Minor

Transient Course Information			AU Course Information		
Course	Course Title	Credit Hours	Course	Course Title	Credit Hours

PART 3: REQUIRED SIGNATURES

By signing below I certify that I have not been granted academic renewal at Augusta University. I also understand that it is my responsibility to send an official transcript with final grades to the above Transient Institution to the AU Admission's Office, Benet House, 1120 15th Street, Augusta, GA 30912 within 30 days of the end of the transient term or a hold which blocks all transcripts and registration will be placed on my student account until I do so. If I do not plan on attending as a transient student, I must notify the AU Registrar's Office within 1 week of the start of the above approved term, otherwise I will be required to obtain official documentation of non-attendance from the above transient institution.

If you receive Financial Aid, it is recommended that you speak to a Financial Aid counselor prior to taking classes at another institution as a transient student, particularly if you are a HOPE recipient. Credit earned at other institutions during periods of mandatory suspension from Augusta University will not transfer back to Augusta University.

Student Printed Name _____ Student Signature _____ Date _____

Approve Deny _____
 Comment: _____
 Advisor Printed Name (Major) _____ Advisor Signature (Major) _____ Date _____

Approve Deny _____
 Comment: _____
 Department Chair Printed Name (Major) _____ Department Chair Signature (Major) _____ Date _____

Approve Deny _____
 Comment: _____
 Department Chair Printed Name (Course Owner) _____ Department Chair Signature (Course Owner) _____ Date _____

Registrar Review: I certify that the student name above is in good standing.

Registrar's Office Printed Name _____ Registrar's Office Signature _____ Date _____