



Transient Student Form

Florida A&M University, Registrar's Office
 1700 Lee Hall Drive, Room 112 FHAC, Tallahassee, FL 32307-3200
 850-599-3115

SECTION A: TO BE COMPLETED BY STUDENT APPLICANT. Please print.

Student I.D.: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI _____

Permanent Address: _____ () _____
 (Number, Street, Apt. #, City, State, Zip Code) (Area Code) Telephone Number

Receiving University/College _____ Term: Fall ____ Spring ____ Summer ____
 (Institution you will be attending) (Year)

I understand that if I register for courses not approved herein, I assume the full risk of transferability. I also understand that this application is for the **ONE TERM** specified; that I must provide FAMU with an **OFFICIAL TRANSCRIPT** from the receiving school and authorize the release of such records accordingly.

Signature of Student: _____ Date: _____

SECTION B: TO BE COMPLETED BY ACADEMIC ADVISOR. The above named student is hereby authorized to take the following course(s) during the one term specified.

Prefix	Course #	Hours	Course Title	School Equivalent
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Advisor's Signature: _____ Date: _____

Chairperson's Signature: _____ Date: _____

Dean's Signature: _____ Date: _____

SECTION C: TO BE COMPLETED BY THE REGISTRAR'S OFFICE

- Yes No
- ___ ___ The above named student is regularly enrolled in a degree program and eligible to re-enroll.
- ___ ___ The student has a Student Health form on file indicating the required Measles and Rubella immunities.
- ___ ___ No outstanding financial obligations (Not on Cashier's hold).

The student's residency classification for tuition purposes is:

___ Florida Resident ___ Non-Florida Resident ___ Resident Alien ___ Documented Alien

Signature of Registrar: _____ Date: _____

