

TRANSIENT STUDENT FORM

This form enables you to transfer credits of pre-approved courses with private or out-of-state institutions for ONE TERM ONLY.

PARENT SCHOOL: _____
HOST SCHOOL: _____

Instructions:

- 1) On the line above titled Parent School, enter the name of the institution where you will be earning your degree. On the line titled Host School, enter the name of the institution you will attend as a transient student, then complete and Sign Section A.
- 2) Ask your academic adviser to complete and sign Section B. A copy of this form may then be kept by your adviser for departmental use.
- 3) The Registrar's Office of your parent school must complete Section C. You are then responsible for mailing or delivering a copy of this form to the REGISTRAR'S OFFICE of the receiving school. The UF Registrar's Offices uses a secure document upload at <https://registrar.ufl.edu/forms>.

COMPLETION OF THIS FORM DOES NOT CONSTITUTE REGISTRATION

SECTION A: To be completed by the student. Do not leave any questions blank. Please print with a ball point pen.

1. _____ UFID	2. _____ Last Name First Name M.I.		
3. Term/Year: <input type="checkbox"/> Fall, ____ <input type="checkbox"/> Spring, ____ <input type="checkbox"/> Summer, ____ Term ____	4. Birthdate: ____/____/____ Mo / Day / Year	5. Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	6. Race: _____ Nation of Citizenship: _____
7. Permanent Address _____ Number and Street Address			
City _____	State _____	Zip _____	(____) _____ - _____ Area Code Telephone Number
8. Address during term of attendance as a transient student _____ Number and Street Address			
City _____	State _____	Zip _____	(____) _____ - _____ Area Code Telephone Number
9. Highest degree held at time of transient registration: <input type="checkbox"/> None <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Other _____	10. Have you ever applied to or attended the RECEIVING school before: <input type="checkbox"/> Yes <input type="checkbox"/> No	11. Have you ever had any judicial problems: <input type="checkbox"/> Yes (if yes, please explain) <input type="checkbox"/> No _____	

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 and that a new form with approved courses must be submitted in order to continue my transient status within the State University System of Florida. I also understand that I must provide the parent school with an official transcript from the receiving school and I authorize the release of such records accordingly.

Signature of Student: _____ **Date:** _____

SECTION B: To be completed by academic adviser. Please print with a ball point pen.

COURSE APPROVAL: The above-named student is hereby authorized to take the following courses during the one term specified. Transfer credit for these courses will be acceptable upon the receipt of an official transcript according to the regulations of the parent school.

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

Signature of Academic Adviser _____ **Date** _____ **Signature of Academic Dean** _____ **Date** _____

Signature of International Student Office, if applicable _____ **Date** _____ **Signature of Sponsoring Dean** _____ **Date** _____

SECTION C: To be completed by the Registrar's Office of the parent school.

Yes No

1. The above-named student is regularly enrolled in a degree program and is eligible to re-enroll.

2. This student has a student health form on file indicating she/he has the required Measles and Rubella immunizations.

3. This student has completed the CLAST requirement.

4. This student has the required documentation on file with the parent school to meet the legal classification of

Florida Resident Non-Florida Resident Non-Florida Resident Alien
 Non-Resident Alien Florida Resident Alien

Authorized Signature: _____ **Date:** _____

(Verifies Section C ONLY)

1. Complete all information requested on form:
 - a. Demographic information in section A
 - b. Section B with Academic Advising Office
 - c. Section C with Office of the University Registrar
2. Make a copy of the form for your records.
3. Contact the receiving school to determine deadlines and any other requirements (i.e. immunization forms, transcript from UF).
4. Financial aid and/or scholarship recipients will be reviewed by the financial aid office to determine eligibility. More important information is [available online](#).
5. Upload all documentation to the Office of the University Registrar via the Secure Document Upload at <https://registrar.ufl.edu/forms>