Name:	FSC ID #:		
Permanent Address:			
City:		State:	Zip:
Cell Phone: (
Major: Advisor:			
Transient Institution:			-
City:	State:	Zip:	
What requirement are you tryin Check all that apply: (g to fulfill? GenEd Major Minor	Degree	
I			
SessionFall / Spring / Summer Start Date End Date			

DEAN'S APPROVAL IS REQUIRED TO BE ELIGIBLE FOR TRANSIENT:

*This approval is for eligibility only, not for course approval.

I AGREE TO THE FOLLOWING:

 I must submit the Transient Enrollment Verification (form will be attached to approval) t institution school official/Registrar.

The completed form must be returned to FSC by email <u>registrar@flsouthern.edu</u> within the first 10 days of the course(s).

• I must, upon completion of my transient course(s), have an official transcript of my trans f Tc harmonic file for the form of the file for the fil