



**APPROVAL FOR REINHARDT UNIVERSITY STUDENT TO REGISTER AS A TRANSIENT STUDENT AT ANOTHER INSTITUTION**

*The purpose of this form is to request permission to study as a transient student at another institution. If approved, a permission letter will be sent to the host institution. The student must apply to and be accepted by the host institution. Approval of this form in no way guarantees acceptance at the other school.*

*The student must have an official transcript of transient work forwarded to the Registrar's Office at Reinhardt University when grades are received. A hold will be placed on your record until either a transcript or a letter of nonattendance is sent from the institution.*

Name \_\_\_\_\_ Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Student ID# \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Major \_\_\_\_\_

Name of Other Institution \_\_\_\_\_

Address of Other Institution \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Term and Year you will attend \_\_\_\_\_ Full-time \_\_\_\_\_ OR Part-time \_\_\_\_\_

**PROPOSED COURSES**

*For each course you list below, you must also attach the corresponding course description from the other institution.*

OTHER INSTITUTION			REINHARDT EQUIVALENT		
Dept Prefix & Course No.	Course Title	Hours	Dept Prefix & Course No.	Course Title	Hours
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*I understand that my signature indicates that Reinhardt University has my permission to release information regarding my academic standing and social security number to the college listed above.*

Approved:

\_\_\_\_\_  
Advisor Date  
\*By signing, the advisor acknowledges he/she has checked for Pre-requisites and failed courses.

\_\_\_\_\_  
Student Signature Date  
\*By signing, the student acknowledges his/her responsibility to provide either a transcript or letter of nonattendance as detailed above.

\_\_\_\_\_  
Dean (Major) Date

\_\_\_\_\_  
Registrar Date

**MUST BE RETURNED TO THE REGISTRAR'S OFFICE FOR PROCESSING:**  
*Please allow up to 5 business days for approval.*

FOR OFFICE USE ONLY:

Date Request received \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Date Letter Mailed to Institution \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_