



TRANSIENT STUDENT REQUEST FORM

(If requesting to take a course at another Florida public institution, it is suggested that the student complete the Transient Student process through Florida Shines at www.FloridaShines.org instead of using this form.)

Date: _____

Student Name: _____

Social Security Number or FGC Student ID# _____

This is to certify that the above named student has permission to register at:

_____ for the _____ Term.

The above named student is authorized to take the following course(s):

Course ID	Course Title	Home Institution Equivalent (or description of acceptable courses)

It is the student's responsibility to request that an official transcript be sent to Florida Gateway College when the course is completed.

Student Signature _____

Date: _____

Approval of Academic

Vice President _____

Date: _____

To be completed by Enrollment Services:

Student status is: _____ Florida resident _____ Non-Florida resident

_____ regularly enrolled in a degree program

_____ eligible to re-enroll

_____ has a CLAST hold

_____ has a Student Health form on file confirming Measles and Rubella vaccinations

Enrollment Services _____

Date: _____

Financial Aid Office _____

Date: _____