

TRANSIENT STUDENT AUTHORIZATION FORM



Instructions:

1. Fill out the student information portion of this form.
2. A copy of the course description/s is/are required.
3. Course(s) must be equivalent to course(s) offered at Walsh University.
4. Course(s) may not be used to repeat course(s) failed at Walsh University.
5. 32 of the last 38 semester hours must be completed at Walsh University.

STUDENT INFORMATION

NAME			SOCIAL SECURITY NO.		
STREET ADDRESS					
CITY				STATE	ZIP
HOME PHONE		WORK PHONE		DORM EXTENSION	
INSTITUTION STUDENT WILL ATTEND					
ADDRESS					
TERM ATTENDING AS A TRANSIENT STUDENT					
<input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER TERM: _____ YEAR: 20_____					
INSTITUTION STUDENT WILL ATTEND			WALSH UNIVERSITY EQUIVALENT		
DEPARTMENT/ CATALOG NO.	COURSE TITLE	CREDIT HOURS	DEPARTMENT/ CATALOG NO.	COURSE TITLE	CREDIT HOURS
SIGNATURE OF STUDENT				DATE	
<i>This student may register for the above approved courses.</i>					
SIGNATURE OF OFFICE OF THE REGISTRAR PERSONNEL OR WALSH ACADEMIC ADVISOR				DATE	

TO BE COMPLETED BY OFFICE OF THE REGISTRAR AFTER THE ABOVE HAS BEEN APPROVED

This is to certify that the above-named student (is in good standing / is not in good standing) at Walsh University and has permission to register as a Transient Student at _____.

NAME OF COLLEGE OR UNIVERSITY

UNIVERSITY REGISTRAR

DATE