

# TRANSIENT STUDENT AUTHORIZATION FORM



OFFICE OF THE REGISTRAR  
 2020 East Maple Street  
 North Canton, Ohio 44720-3336  
 Phone: 330-490-7367 • Fax: 330-490-7372

**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) completed and/or 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
<b><i>This student may register for the above approved courses.</i></b>					
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

DISTRIBUTION:    WHITE copy to institution student will attend    PINK copy to office of the registrar    YELLOW copy to student