## 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. All students must take their final 32 semester credit hours through Walsh University.

## STUDENT INFORMATION

TERM ATTENDING AS A TRANSIENT STUDENT  
- ❑ FALL
- ❑ SPRING
- ❑ SUMMER TERM  

YEAR 20 ____________

NAME: ________________________________ SOCIAL SECURITY NO. __________ / __________ / __________

STREET ADDRESS: ________________________________ CITY: __________________ STATE: __________ ZIP: __________

HOME PHONE: ________________________________ WORK PHONE: __________________ DORM EXTENSION: __________

INSTITUTION STUDENT WILL ATTEND: ________________________________ ADDRESS: ________________________________

### A. COURSE(S) AT THE ABOVE INSTITUTION YOU PLAN TO COMPLETE:

<table>
<thead>
<tr>
<th>DEPARTMENT/ CATALOG NO.</th>
<th>COURSE TITLE</th>
<th>CREDIT HOURS</th>
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### B. COURSES AT WALSH TO BE CONSIDERED AS AN EQUIVALENT TO THOSE IN COLUMN A.

<table>
<thead>
<tr>
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### C. OFFICE USE ONLY: APPROVED WALSH COURSE EQUIVALENT.

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**SIGNATURE OF STUDENT**  
By signing this form, I acknowledge that the General Education Service Learning and Heritage Series courses DO NOT transfer into Walsh University. I understand that these courses MUST be completed at Walsh University. (Junior and Senior students must enroll in 4-year institutions ONLY.)

DATE __________

**STUDENT MAY REGISTER FOR THE ABOVE APPROVED COURSES.**

SIGNATURE OF OFFICE OF THE REGISTRAR PERSONNEL

DATE __________

**OFFICE USE ONLY:**  
COMMENTS

**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 ________________

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

DATE __________

1-10-13-REG