

Pick Up Mail to address provided below

Name or Institution

Street Address

City, State, Zip

Student's Name

Social Sec. No. or Student I.D. No.	Telephone No.

Transient Term / Year	Daytona State Program of Study

Name of institution where course work will be taken

**The following is for your information.
You will be held responsible for this information.**

1. A Transient Form must be completed and approved by the Records Office and, if applicable, the student's bachelor, associate of science/certificate program chairperson before credits will be accepted. Daytona State College is not responsible for the acceptance of any credit other than the credits approved by Daytona State College.
2. The student must provide the Record's Office with a course description for each transient course requested. This must accompany the Transient Form.
3. The student must have successfully completed the appropriate prerequisite(s) for each transient course requested.
4. All courses taken as a transient must be applicable to the student's program of study at Daytona State College.
5. The student receiving Veteran's Benefits must obtain approval from the Veteran's Affairs Office.
6. All hours taken as a transient will be recorded on the Daytona State College transcript and will be computed in the GPA along with the credits earned at Daytona State College.
7. **It is the student's responsibility to furnish the Office of Admissions with an official transcript upon completion of approved coursework.**
8. The following course(s) will be taken at the above institution:

Prefix	Course #	Title	Credit Hrs	Daytona State College Equivalent (To be completed by Daytona State College)

This request cannot be processed without your signature.

Signature	Date

TO BE COMPLETED BY THE RECORD'S OFFICE:			
This is to certify that the above-named student is in good standing and is eligible to re-enroll at Daytona State College. This student has been given permission to take course(s) listed above at the institution named for the specific term. Credits will be accepted for transfer upon receipt of an official transcript.			
Florida Residency Status: <input type="checkbox"/> In-State <input type="checkbox"/> Out-of-State			
Records Office _____	Date _____		
Approval: (Bachelor, Associate of Applied Science, Associate of Science / Certificate Programs)			
Program Advisor (if applicable) _____	Date _____	Program Chairperson (if applicable) _____	Date _____
Dean (if applicable) _____	Date _____	Veteran's Affairs (if applicable) _____	Date _____