



CLARK ATLANTA UNIVERSITY TRANSIENT PERMISSION FORM

OFFICE OF THE UNIVERSITY REGISTRAR
223 James P. Brawley Drive, S.W.
Atlanta, GA 30314

OFFICE NUMBER (404) 880-8938
FAX NUMBER (404) 880-6083

DEAR STUDENT: *Please refer to University's transient policy before applying to go transient to another institution.*

A formal admissions application must be submitted to the institution for which this transient permission form is requested. It is your responsibility to comply with the transient institution's admissions standards and application deadlines.

_____ ID/SOCIAL SECURITY NUMBER _____ DEGREE/MAJOR _____ Term to enroll: _____

Contact Telephone Number: _____ I will personally deliver the *Transient Permission Form* (please initial) _____
TRANSIENT SCHOOL INFORMATION BLOCK (below) *STUDENT INFORMATION BLOCK (below)*

_____ NAME OF TRANSIENT INSTITUTION _____ LAST NAME FIRST MI _____
_____ STREET ADDRESS _____ LOCAL MAILING ADDRESS _____
_____ CITY STATE ZIP CODE _____ CITY STATE ZIP CODE _____

List course(s) and alternates which you plan to take at the transient institution. It is your responsibility to contact the institution for their course offerings and descriptions.

Course(s) to be taken at transient institution				Clark Atlanta University Equivalent Course(s)						
Course Prefix	Course No.	Course Title	Hrs	Course Prefix	Course No.	E/S	Course Title	Hrs	Repeated Course(s) ✓	Major or Core

NOTE: Courses that are equivalent to or substitute for courses offered at Clark Atlanta University will transfer as long as the transient institution is accredited, and you have received prior permission from the appropriate department to take the courses as a transient student. Grades and quality points earned in these courses will be figured in the Cumulative Grade Point Average at Clark Atlanta University. It is your responsibility at the end of the term to request an official transcript be sent to Clark Atlanta University.

I understand the transient policy and request permission to take the above listed course(s).

Student's Signature _____ Date _____

Signature of Chairperson/Advisor (if major courses requested) and/or Signature of Director of Advisement (if core courses requested)

Dean for Undergraduate Studies or School Dean (Graduate)

From the Office of the University Registrar: *Student has permission to enroll as a transient student provided he/she meets the transient institution's admissions requirements.*

<p>The above named student:</p> <p><input type="checkbox"/> is in good academic standing</p> <p><input type="checkbox"/> is on academic probation</p> <p><input type="checkbox"/> is on academic suspension</p>	<p>Comments: _____</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">Office of the University Registrar Date Signed</p>
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