

MIDDLE GEORGIA STATE UNIVERSITY TRANSIENT PERMISSION FORM

Middle Georgia State University
100 University Parkway
Macon, GA 31206
Phone: 478-471-2900

Procedure: After completing Step 1, students must turn this form in to their advising department for approval. All items must be completed, including signing the request and a current phone number. Students should expect to make an appointment with the department concerned. After department or school review is complete the request will be forwarded to the Registrar's Office for final processing.

STEP 1. TO BE COMPLETED BY STUDENT:

Advising Dept.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	MI	Student ID# or SSN

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(Mailing Address) Street	City	State	ZIP	Current Phone #

Name and complete address of the institution you plan to attend as a transient student:

Semester or term you plan to attend as a transient student:	Year: <input style="width: 40px;" type="text"/>	Term: <input style="width: 100px;" type="text"/>
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I understand that I am required to consult with my advisor and register for courses appropriate to my degree/certificate program. Information concerning degree and residency requirements may be obtained from the applicable Middle Georgia State University catalog or from my academic advisor. I further understand that it is also my responsibility to apply to the institution I plan to attend and request that an official transcript of my work at that institution be sent to the Registrar's Office at Middle Georgia State University at the above address.

Student's Signature: _____ **Date:** _____

Transient Course Information (MGA Equivalent Course information may be verified with the Registrar's Office)

Other Institution's Course Number & Title	Credit Hours	Qtr	Sem	MGA Equivalent Course #	Semester Hrs
<input style="width: 95%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 95%;" type="text"/>	<input style="width: 20px;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 95%;" type="text"/>	<input style="width: 20px;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 95%;" type="text"/>	<input style="width: 20px;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 95%;" type="text"/>	<input style="width: 20px;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 95%;" type="text"/>	<input style="width: 20px;" type="text"/>

REASON FOR TRANSIENT REQUEST: Course Not Available Schedule conflicts Other (Briefly state reason below)

STEP 2. TO BE COMPLETED BY ADVISING DIVISION (After completion, forward to the Registrar's Office for final processing)

ADVISOR REVIEW: This student has approval for the course(s) listed above _____
Signature _____ Date _____

DEPARTMENT CHAIR REVIEW: **Approved** **Not Approved** _____
Signature _____ Date _____

Comments:

STEP 3. OFFICE OF THE REGISTRAR:

- Student is in Good Standing and is eligible to return to MGA.
- Student is not in Good Standing but is eligible to return to MGA.
- Student is not in Good Standing and is not eligible to return to MGA; however the University interposes no objection to the student attending your institution.

MGA Registrar's Office _____ **Date:** _____
Signature