



Student's Name _____ GSC ID# _____

Permanent Address _____

I am requesting permission to enroll for: summer fall winter spring of 20____ at:

INSTITUTION: _____

ADDRESS: _____

FAX: _____ EMAIL: _____

TRANSIENT COURSE(S)

GLENVILLE STATE COLLEGE EQUIVALENT

SUBJ	CRS	Title	CR	SUBJ	CRS	Title	CR
Ex. MATH	1112	College Algebra	3	Ex. MATH	115	College Algebra	3

By signing this form, I understand and agree to the following:

1. I have met the prerequisites for the GSC equivalent course(s) listed above
2. I have obtained approval to carry extra hours if my total course load for the semester indicated, including course(s) listed above, exceeds 18 credit hours for fall or spring, or 12 credit hours for the summer term
3. I may need to provide copies of course descriptions or the course outline
4. The above course(s) do not count toward being full-time status at Glenville State College
5. I cannot receive financial aid based on the course(s) listed above
- 6. I must provide proof of being enrolled in above course(s) to the Registrar's Office**
7. The grades earned will be posted to my academic transcript and cumulative overall GPA
8. I must provide an official transcript of the above courses to Glenville State College

Justification for submitting request: _____

Student Signature Date

Advisor Signature Date

Vice President for Academic Affairs Signature Date

This student is in good academic standing at Glenville State College.

Approved Denied

Original will be in student file, one copy will be sent to the institution, and one copy will be emailed to the student. Notification will be placed in the "Notes" section of student's Degree Works audit.