



TRANSIENT STUDENT REQUEST FORM

(RO-05/25)

Registrar's Office 200 High Street, Glenville, WV 26351 304-462-4117 Fax 304-462-8619 registrar@glenville.edu

Student's Name _____ GSU ID# _____

Permanent Address _____

Transient Institution Name _____

Institution City & State _____ Branch Campus _____

(if applicable)

Enrolling: ☐ summer ☐ fall ☐ winter ☐ spring Year: _____ Term dates (from/to): _____

Graduating in term selected above? ☐ No ☐ Yes (If yes and you will not be enrolled in any GSU classes during the term indicated above, you must complete an *Academic Petition* form requesting permission to complete your last classes through another institution. The petition must accompany this form. Also refer to No. 2 below.)

For term indicated above: # of GSU credits _____ plus # of transient credits _____ = total # of credits _____
(If total is more than 18 for fall/spring (undergraduate) or 9 (graduate), or more than 12 for summer/winter (undergraduate) or 9 (graduate), refer to item No. 3 below)

GLENVILLE STATE UNIVERSITY COURSE(S)

TRANSIENT COURSE(S)

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

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

1. I have the required overall 2.00 GPA.
2. **If graduating after the completion of the course(s) listed on this request, I must provide proof of being enrolled in above course(s) to the Registrar's Office before I will be added to the prospective graduation list.**
3. **I will attach a *Request to Carry Extra Hours* form if my total credit load for the term exceeds the maximum.**
4. Upon request, I may need to provide a copy of a course syllabus or course outline.
5. The above course(s) do not count toward being full-time status at Glenville State University.
6. I will not receive financial aid for the course(s) listed above.
7. The grades earned will be posted to my academic transcript and be calculated in my cumulative overall GPA.
8. I must provide an official transcript of the above course(s) to Glenville State University after completion.
9. It is my responsibility to provide a copy of this form to the institution indicated above if they require a copy.

Reason(s): ☐ Class not being offered at GSU ☐ Repeating ☐ Improve GPA ☐ Stay on track

☐ Other (please specify): _____

Student Signature _____

Date _____

Advisor Signature _____

Date _____

☐ STATEMENT OF GOOD STANDING: This student is currently in good academic standing with GSU.

☐ Approved ☐ Denied

Registrar's Office _____

Date _____

Comments: _____