

Comments:

TRANSIENT STUDENT REQUEST FORM

(RO-11/25)

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

Student's N			GSU ID#				
Permanent	Addres	S					
Transient In	nstitutio	on Name					
Institution (State		Branch Campus(if applicable)				
Enrolling:	ner 🗆 fall 🗆 winter 🗖 spring	Year:	Term dates (from/to):				
Gradur youFor	duating the ar last class term in	this box if the class(es) indicated g in term selected above? No term indicated above, you must coasses through another institution. Indicated above: # of GSU credits is more than 18 for fall/spring (und	Yes Omplete an A The petition plu	(If yes and Academic Ponts accounts # of trans	l you wettition for mpany	ill not be enrolled in any GSU cla form requesting permission to con this form. Also refer to No. 2 bel edits = total # of credits	nplete low.)
(undergraduate) or 9 (graduate), refer to item No. 3 below) GLENVILLE STATE UNIVERSITY COURSE(S) TRANSIENT COURSE(S)							
SUBJ	CRS	Title	CR	SUBJ	CRS		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			e
STA [*]		NT OF GOOD STANDING: This	s student is o		good a	_	