



*A Unit of the Technical College
System of Georgia*

*3200 Augusta Tech Drive
Augusta, GA 30906
Phone: (706) 771-4000
Fax: (706) 771-4034
Web: www.augustatech.edu*

TRANSIENT STUDENT REQUEST FORM

NAME: _____

STUDENT ID/SSN: _____ **DATE OF BIRTH:** _____

ADDRESS:

PROGRAM OF STUDY: _____

DEGREE **DIPLOMA** **CERTIFICATE**

LIST THE COLLEGE WHERE YOU WISH TO TAKE TRANSIENT CLASSES BELOW:

LIST THE COURSE(S) YOU WISH TO TAKE AS A TRANSIENT STUDENT BELOW:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

PLEASE ALLOW 5 TO 7 WORKING DAYS FOR YOUR REQUEST TO BE PROCESSED.

SIGNATURE: _____

FOR OFFICE USE ONLY	
_____ PROCESSED	_____ MAILED