



## TRANSIENT STUDENT REQUEST FORM

NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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:

Augusta Tech Course Number	=	Host College Course Number
1) _____	=	1) _____
2) _____	=	2) _____
3) _____	=	3) _____
4) _____	=	4) _____
5) _____	=	5) _____

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

SIGNATURE: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
_____ PROCESSED	_____ MAILED