



TRANSIENT STUDENT REQUEST FORM

NAME: _____

EMAIL: _____

STUDENT ID (900#) _____ **DATE OF BIRTH:** _____

PHONE NUMBER: _____

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) _____

SIGNATURE: _____

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

FOR OFFICE USE ONLY	
_____ PROCESSED	_____ MAILED