



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: _____

FOR OFFICE USE ONLY

_____ PROCESSED _____ MAILED