COLUMBUS TECHNICAL COLLEGE

TRANSIENT STUDENT REQUEST

Requirements

- ☐ Must be in good academic standing
- ☐ Cannot exceed a combine total of 15 semester hours
- ☐ Class must be transferrable into <u>current</u> program of study at Columbus Technical College
- ☐ Must meet pre-requisites set by Columbus Technical College
- ☐ Must **not** be a first semester student at Columbus Technical College

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Approve_____
Denied_____

Reason(s):
- ☐ **Pre-req/Test Scores Not Met**
- ☐ **Wrong Major/Course**
- ☐ **Exceed maximum hours**

Date: _____

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Student Information

Student Name: _____   Student ID#: _____
           First   **Last**

Date of Birth: _____   Phone Number: (_____) _____-_____

Address: _____

City: _____   State: _____   Zip: _____

Program: _____   Transient Semester: _____
        Degree   **Diploma**   **Certificate**

Host College Information

Name of College/University: _____

#1 Course Name: _____   **Course Number:** _____

#2 Course Name: _____   **Course Number:** _____

#3 Course Name: _____   **Course Number:** _____

#4 Course Name: _____   **Course Number:** _____

Semester Begin Date: _____   **Semester End Date:** _____

Pick-Up Transient Letter: _____   **or   Mail Transient Letter To:** _____

_____

Revised: 6/2718