GUIDELINES AND RESTRICTIONS:
1. Authorization for transient study at another institution must be completed in advance.
2. Transient study is not permitted during the fall or spring semester.
3. Students who have earned 60 or more credits will not be permitted to receive additional transfer credits from a community college or a two-year program.
4. Flagler College limits the number of hours a student may earn at another college or university after that student has enrolled at Flagler. (See current Course Catalog for details).
5. A separate Application for Transient Study is required for each course the student plans to take at another institution.
6. A course description from the transient institution catalog should be included with the application.
7. Courses in which a grade of "D", "F", or "WF" was earned at Flagler College may not be replaced by a course from another institution.
8. Transfer credits will be granted for a course in which a grade of "C" or better was earned. Grades are not transferable.
9. The final 30 semester hours of degree credit must be completed by the student in residence at Flagler College.
10. At least half of the credits required for a major(s) must be earned by the student in residence at Flagler College.
11. Credit can only be awarded when an official transcript is received by Flagler College from the transient institution.

I am requesting approval to take the following course as a transient student:

<table>
<thead>
<tr>
<th>Course Prefix</th>
<th>Course Number</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
</table>

at ______________________________ located in _______________________, ____,

Name of College/University

during the ____________ 20____-20____.

Semester or Term Academic Year

Will this course be used to fulfill requirements for your major? ☐ Yes ☐ No

Will this course be used to substitute for a course at Flagler College? ☐ Yes ☐ No

---------------------------- DO NOT WRITE BELOW THIS LINE--FOR FACULTY USE ONLY ----------------------------

Course will be substituted for:

<table>
<thead>
<tr>
<th>Course Prefix</th>
<th>Course Number</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
</table>

Approved: __________________

Department Chair Signature Date

Faculty Advisor Signature Date

☐ If you are asking for an exception to the above guidelines and/or restrictions, approval of Academic Affairs is required:

School Dean Signature Date

APPROVAL BY THE FLAGLER COLLEGE OFFICE OF THE REGISTRAR:

☐ The Student named above is in good standing and has approval to take course work at your institution.

Office of the Registrar Signature Title Date

STUDENT MUST REQUEST to have Final Transcript sent to:
FLAGLER COLLEGE, Office of the Registrar, 74 King Street, St. Augustine, FL 32084

Revised 2/18/2019