



FLAGLER COLLEGE

Summer Term Transient Study Request

Send Final Transcripts to the Office of the Registrar

IN PERSON: 2nd floor, Ringhaver Student Center

MAIL TO: 74 King Street, St. Augustine, FL 32084

EMAIL: registrar@flagler.edu

Student Information

Full Name: _____ SSN: _____ Student ID: _____

Guidelines and Restrictions of Transient Study - Read Before Submitting the Request

Flagler College limits the number of hours a student may earn at another college or university after that student has enrolled at Flagler. 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. (See current Course Catalog for details). **Authorization for transient study at another institution must be completed in advance.** A separate Transient Study Request is required for each course the student plans to take at another institution.

Circle One

- Yes No This request is for Summer Term. (*Transient study is not permitted during the fall or spring semester.*)
- Yes No I can provide a course description from the transient institution catalog with this request.
- Yes No I am not taking this course for grade replacement. (*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.*)
- Yes No I understand that transfer credit will be granted for a course in which a grade of "C" or better was earned. Grades are not transferable and will not factor into my GPA at Flagler College.
- Yes No I understand the final 30 semester hours of degree credit must be completed at Flagler College.
- Yes No I understand that at least half of the credits required for a major(s) must be earned at Flagler College.
- Yes No I understand that credit can only be awarded when an official transcript is received from the transient institution.

If you answered no to any of the above, please explain, in brief, your reason(s) for requesting an exception:

Request

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

Prefix: _____ Number: _____ Course Title: _____ Credit Hours: _____

at _____ located in _____, _____ during Summer Term 20_____.
transient institution city state

This course will fulfill a major requirement. _____ This course be used to substitute a course at Flagler College? _____

_____ student signature date anticipated graduation date

Program Director, Coordinator, or Department Chair Approval

The requested course is approved and will be substituted for:

Prefix: _____ Number: _____ Course Title: _____ Credit Hours: _____

_____ signature title date

_____ school dean signature* date (*only required if seeking an exception to academic policy.)

Registrar Approval

The student named above is in good standing and has **approval** to take the course work at your institution.

_____ Office of the Registrar title date