

(Please Print)

PERMIT FOR TRANSIENT STUDY

Name _____
Last First Middle Major Department

Student I.D. Number

Mailing Address _____
Number and Street

_____ City, State and Zip Code Local Telephone Number _____

Name of school you will be attending: _____

Address of school: _____

NOTE: UNCC accepts a maximum of 64 hours from two-year institutions.
 No credit below "C" level will be accepted; quality points and averages do not transfer.
 Repeating UNCC courses at other schools will not improve your UNCC grade point average.
 You must request that an official transcript be mailed to the UNCC Registrar's Office upon completion of the course work.

TRANSIENT STUDY COURSES				UNCC EQUIVALENTS			
DEPARTMENT	COURSE NUMBER	HOURS CREDIT	DESCRIPTIVE TITLE	DEPARTMENT	NUMBER	HOURS	DEPARTMENT OK IF REQUIRED

TERM AND TYPE OF COURSE

- Fall 19 _____
- Spring 19 _____
- Summer 19 _____
- Campus
- Correspondence
- Extension

FOR REGISTRAR'S OFFICE USE ONLY:

Hours Completed at UNCC _____
 Transfer Hours (four year school) _____
 Transfer Hours (two year school) _____
 TOTAL HOURS EARNED _____ GPA _____

Student's Signature _____ Date _____

Registrar's Office Endorsement _____ Date _____

Recommended:

Advisor _____ Date _____ Department Chairperson _____ Date _____

ENDORSEMENT OF STUDENT'S COLLEGE DEAN

To the Registrar: This request is: Approved Not Approved
 This is a waiver of the residence requirement for graduation. Yes No
 Remarks: _____

_____ Date _____
Dean

_____ Date _____
College

IF YOU ARE PREPARING FOR TEACHER CERTIFICATION, CONSULT THE COLLEGE OF EDUCATION AND ALLIED PROFESSIONS.

Request: Approved Not Approved

_____ Date _____
Dean, College of Education and Allied Professions

If you are enrolling in a program which involves study for academic credit outside the United States, you are required to have the signature of the Coordinator for Study Abroad in the Center for International Studies.

_____ Date _____
Coordinator, Study Abroad
 Center for International Studies