

STETSON UNIVERSITY

Transient Student Form

Section 1 – To be completed by Student

Student name: _____

Student ID#: 800-_____

Stetson e-mail _____

I plan to enroll as a transient student during _____ at _____
(Term & Year) (Institution's Name)

Student Signature _____

Date _____

Please provide a **course description** for the course that you plan to take. This can usually be printed from the school's website.

***There is a 3 day turn-around time for evaluation and approval.
The completed form will be sent to your Stetson e-mail address.***

Are you a senior?

Yes No

A minimum of 6 units (24 credits) of the last 8 units (32 credits) must be completed at Stetson University.

- Credit will be allowed for those courses in which the student has earned a grade of 'C' (not 'C-') or better and which are equivalent to courses offered at Stetson University.
- Students may not receive more than 10 credits in the summer without prior approval of the Academic Dean.
- Students may transfer up to 64 credits to Stetson.
- **Courses completed at the 100- or 200-level elsewhere may not be used to complete 300- or 400-level requirements at Stetson.**

Submit this form to Registrar Office located in Stetson OneStop (Rinker Welcome Center) for evaluation.

Upon completion of the course(s), the student must have an **official** transcript sent by the school either by mail: Office of the Registrar, Stetson University, 421 N. Woodland Blvd., Unit 8298, DeLand, Florida, 32723; or electronically to registrar@stetson.edu.

If approved, the above named student is authorized to take the following course(s) during the term specified. Transfer credit for these courses will be accepted upon the receipt of an official transcript in accordance with the guidelines set forth in the Stetson University Catalog.

It is highly recommended that the student seek advice from their faculty advisor before registering for any courses.

Course Number and Title	Stetson Equivalent	Credit Hours	Dept. Chair signature is required for a course to meet a Major requirement

Section 2 – To be completed by the Registrar's Office of Stetson University

Registrar Staff Signature: _____

Date: _____

_____ **Approved**

_____ **Not Approved**

**As of this date, the above-named student is eligible to return to Stetson University and is currently on
Good Academic Standing or Academic Warning**