

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 _____
(Term & Year) _____ (Institution's Name) _____

Are you also enrolling in summer courses at Stetson Yes No

Are you an International Student Yes No If yes, signature required WORLD: International as approval to take classes off campus

WORLD: International

What is your anticipated graduation date? _____

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

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.

The completed form will be sent to your Stetson e-mail address.

- 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 without approval from Academic Dean and Chair or Program Director.**

Submit this form to Registrar Office located in Stetson OneStop (Rinker Welcome Center) for evaluation or email to Registrar@stetson.edu as a pdf file.

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.

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

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

Dean Signature _____

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

Registrar Staff Signature: _____	Date: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
As of this date, the above-named student is eligible to return to Stetson University and is currently on <input type="checkbox"/> Good Academic Standing <input type="checkbox"/> Academic Warning	