



TRANSIENT STUDENT REQUEST FORM

(RO-06/24)

Registrar's Office 200 High Street, Glenville, WV 26351 304-462-4117 Fax 304-462-8619 registrar@glenville.edu

Student's Name _____ GSU ID# _____

Permanent Address _____

Transient Institution Name _____

Institution City & State _____ Branch Campus _____
(if applicable)

Enrolling: summer fall winter spring Year: _____ Term dates (from/to): _____

Graduating in term selected above? No Yes (If yes and you will not be enrolled in GSU classes during the term selected above, you must complete an *Academic Petition* form requesting permission to complete your last classes through another institution. The academic petition must accompany this form.)

For term selected above: # of GSU credits _____ plus # of transient credits _____ = total # of credits _____
(If total # of credits are more than 18 for fall/spring, or more than 12 for summer/winter, refer to item No. 3 below)

GLENVILLE STATE UNIVERSITY COURSE(S)

TRANSIENT COURSE(S)

SUBJ	CRS	Title	CR	SUBJ	CRS	Title	CR
Ex. MATH	115	College Algebra	3	Ex. MATH	1112	College Algebra	3

By signing this form, I understand and agree to the following:

1. I have the required overall 2.00 GPA.
2. **If graduating after the completion of the course(s) listed on this request, I must provide proof of being enrolled in above course(s) to the Registrar's Office before I will be added to the graduation list.**
3. **I will attach a *Request to Carry Extra Hours* form if my total credit load for the term selected (including course(s) listed above) exceeds 18 credit hours for fall or spring, or 12 credit hours for summer or winter.**
4. Upon request, I may need to provide a copy of a course syllabus or course outline.
5. The above course(s) do not count toward being full-time status at Glenville State University.
6. I will not receive financial aid for the course(s) listed above.
7. The grades earned will be posted to my academic transcript and be calculated in my cumulative overall GPA.
8. I must provide an official transcript of the above course(s) to Glenville State University after completion.
9. It is my responsibility to provide a copy of this form to the institution indicated above if they require one.

Reason(s): Not being offered Repeating Improve GPA Need additional credits Stay on track

Other (please specify): _____

Student Signature _____

Date _____

Advisor Signature _____

Date _____

STATEMENT OF GOOD STANDING: The above student is currently in good academic standing.

Approved Denied

Registrar's Office _____

Date _____

Reason if Denied: _____