

Transient Student Form

Florida A&M University, Registrar's Office 1700 Lee Hall Drive, Room 112 FHAC, Tallahassee, FL 32307-3200 850-599-3115

SECTION A: TO BE COMPLETED BY STUDENT APPLICANT. Please print.	
Student I.D.:	Date of Birth:
Last Name: First Name:	MI
Permanent Address:(Number, Street, Apt. #, City, State, Zip Code)	(Area Code) Telephone Number
Receiving University/College(Institution you will be attending)	Term: Fall Spring Summer (Year)
I understand that if I register for courses not approved herein, I assume the full risk of the <u>ONE TERM</u> specified; that I must provide FAMU with an <u>OFFICIAL TRANS</u> of such records accordingly.	
Signature of Student:	Date:
Signature of Student: SECTION B: TO BE COMPLETED BY ACADEMIC ADVISOR. The following course(s) during the one term specified.	
Prefix Course # Hours Course Title	School Equivalent
1	
2	
3	
4	
Advisor's Signature:	Date:
Chairperson's Signature:	Date:
Dean's Signature:	Date:
SECTION C: TO BE COMPLETED BY THE REGISTRAR'S OFFICE Yes No The above named student is regularly enrolled in a degree program and el The student has a Student Health form on file indicating the required Mea No outstanding financial obligations (Not on Cashier's hold). The student's residency classification for tuition purposes is: Florida Resident Non-Florida Resident Resident Alien	ligible to re-enroll. asles and Rubella immunities. Official Seal Here
Signature of Registrar:	Date: