

Cleveland State

COMMUNITY COLLEGE

TRANSIENT STUDENT APPROVAL FORM

Return this form to:

**Cleveland State
Community College**

Admissions and Records Office
3535 Adkisson Drive
Cleveland, TN 37320

Phone: (423) 478-6213
Fax: (423) 478-6255

Name: _____ Phone Number: _____

Student ID#: _____ Term: _____

Home Institution: _____

This form is to be completed by any student requesting to be a Transient student at Cleveland State Community College. If this form is not completed and returned to the Admissions & Records Office, an official transcript will be required before registration is allowed to determine if pre-requisites have been met. It is the student's responsibility to determine the credit taken at Cleveland State Community College is transferable to their current institution. It is also the student's responsibility to request an official transcript be sent to their home institution.

Student's Signature: _____ **Date:** _____

***Please complete the top portion of this form. The rest of this form is to be completed by the Registrar's Office at the student's home institution and returned officially sealed to the Cleveland State Admissions & Records Office.**

Dear Registrar's Office:

I have made application to attend Cleveland State Community College as a transient student. In order to be officially accepted and to receive credit for any course work I must secure verification that I am in academic good standing at my current institution and that the courses taken will transfer as appropriate credit. Please complete the section below.

This student is in academic good standing at _____ and is approved to take the following course(s) at Cleveland State Community College in the _____ term/semester:

Course Number	Course Name	Institution Transfer Course

Signature: _____ **Title:** _____
(Registrar's Office Personnel)

Contact Information: _____ **Date:** _____