

## TRANSIENT STUDENT APPROVAL FORM

Date: \_\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_

Student's Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Major: \_\_\_\_\_

**COURSE APPROVAL:**

The above-named student is eligible and authorized to take the following course(s) during the \_\_\_\_\_ semester. Transfer credit for these courses will be acceptable upon receipt of an official transcript.

COURSE NO.	TITLE	CREDIT HRS.	MDCC EQUIVALENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**STUDENT:** Please read the following statement and sign.

I understand that if I register for courses not approved herein, I assume the full risk of transferability. I also understand that this application is for the ONE TERM specified and that a new form with approved courses must be submitted in order to continue my transient status. I also understand that I must provide Miami-Dade Community College with an official transcript from the above-named institution and I authorize the release of such records accordingly. I also understand that I should retain a copy of the form for my record.

_____	_____	_____	_____
Student's Signature	Date	Academic Advisor's Signature	Date

This student has the required documentation on file with Miami-Dade Community College to meet the legal classification of:

- Florida Resident
- Non-Florida Resident

_____	_____
Registrar's Signature	Date