

TRANSIENT STUDENT FORM

This form enables you to transfer credits of pre-approval courses ONE TERM ONLY.

IMPORTANT INSTRUCTIONS:

1. Must complete Transient application at www.applytexas.org
2. Pay \$45 application fee
3. Submit official transcript from home institution
4. Submit Transient Student Form

COMPLETION OF THIS FORM DOES NOT CONSTITUTE REGISTRATION

Sam Houston State University protects the Social Security numbers of all individuals which are in its possession.

STUDENT'S NAME: _____
Last First Middle

DATE OF BIRTH: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____ TELEPHONE NUMBER: _____

SEMESTER OF ENTRY: Fall Spring Summer I Summer II YEAR: _____

I understand if I register for courses not approved herein, I assume the full risk of transferability. I also understand this application is for the ONE TERM specified and a new form with approved courses must be submitted in order to continue my Transient Student status. I also understand I must provide SHSU with an official transcript from the home institution and I will be considered a non-degree seeking student at SHSU and authorize the release of such records accordingly.

Student's Signature: _____ Date: _____

List the course(s) which you wish to take at Sam Houston State University. If course(s) have prerequisites, you must supply copies of official transcripts showing completion of prerequisites. Prerequisites are listed online via: <http://www.shsu.edu/undergraduate-catalog/>

SUBJECT <i>Ex: (HIST)</i>	COURSE # <i>Ex: (1301)</i>	CREDIT HOURS <i>Ex: (3)</i>	COURSE TITLE	SHSU EQUIVALENCY

COURSE APPROVAL: The above named student is hereby authorized to take the following course(s) during ONE TERM specified. Transfer credit for these course(s) will be acceptable upon the receipt of an official transcript as per the regulation of SHSU.

Signature of Academic Advisor at Home Institution: _____ Date: _____

To be completed by the Office of the Registrar at student's home institution:
 The above named student is regularly enrolled in a degree program and is eligible to re-enroll. Yes No
 The student has a student health form on file indicating he/she has the required meningitis immunization. Yes No
 Signature of Registrar: _____ Date: _____

Send completed form to:
Sam Houston State University • Office of Admissions • Box 2418 Huntsville, TX 77341
Admissions@shsu.edu