TRANSIENT STUDENT FORM

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

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.

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

STUDENT’S NAME: ____________________________________________________________

DATE OF BIRTH: _______________________

MAILING ADDRESS: ___________________________________________________________

EMAIL ADDRESS: __________________________ TELEPHONE NUMBER: ___________________

SEMESTER OF ENTRY: [ ] Fall [ ] Spring [X] Summer I [X] 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/

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>COURSE #</th>
<th>CREDIT HOURS</th>
<th>COURSE TITLE</th>
<th>SHSU EQUIVALENCY</th>
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</thead>
<tbody>
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<td>Ex: (HIST)</td>
<td>Ex: (1301)</td>
<td>Ex: (3)</td>
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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 [x] No

Signature of Registrar: ___________________________________________ Date: __________

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