

# FLORIDA **A&M** UNIVERSITY

## REGISTRAR'S OFFICE

1735 Wahnish Way, C.A.S.S. Bldg., Suite #206 – Tallahassee, FL 32307  
 Office: (850) 599-3115 Fax: (850) 561-2428 Email: [registrardocs@famu.edu](mailto:registrardocs@famu.edu)

### Transient Student Form

**SECTION A: TO BE COMPLETED BY STUDENT APPLICANT. Please print.**

Yes No

Are you receiving financial aid for course(s)?

Student I.D.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Permanent Address: \_\_\_\_\_ (Number, Street, Apt. #, City, State, Zip Code) ( ) \_\_\_\_\_ Telephone Number  
 (Area Code)

Receiving University/College \_\_\_\_\_ Term: Fall \_\_\_ Spring \_\_\_ Summer \_\_\_  
 (Institution you will be attending) (Year)

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; that I must provide FAMU with an **OFFICIAL TRANSCRIPT** from the receiving school and authorize the release of such records accordingly.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION B: TO BE COMPLETED BY ACADEMIC ADVISOR.** The above named student is hereby authorized to take the following course(s) during the one term specified.

Prefix	Course #	Hours	Course Title	FAMU 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 eligible to re-enroll.
- \_\_\_ \_\_\_ The student has a Student Health form on file indicating the required Measles and Rubella immunities.
- \_\_\_ \_\_\_ Does the student have outstanding financial obligations?

The student's residency classification for tuition purposes is:

\_\_\_ Florida Resident \_\_\_ Non-Florida Resident \_\_\_ Resident Alien \_\_\_ Documented Alien

Signature of Registrar: \_\_\_\_\_ Date: \_\_\_\_\_

