

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

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: _____





Transient Supplemental Form

Florida A&M University, Office of International Education and Development (OIED)
1740 S. Martin Luther King Blvd., Perry Paige, Suite 302N, Tallahassee, FL 32307-3100
Tel: 850-412-7077 / Email: studyabroad@famu.edu

Student Information

Student ID Number: _____ DOB: _____

Student Name: _____
Last First M.I.

Email Address: _____ Telephone Number: _____

Program Type: Study Abroad Undergraduate Graduate

FAMU Student Internship Service Learning Exchange

CO-OP

Education Abroad Program Information

Number of Credit Hours: _____ Financial Aid from FAMU : Yes No

Proposed Program Name: _____ Country/City _____

Host University: _____ Sponsored by _____

Program Approval

The student has been approved by OIED for the education abroad program indicated above and is referred to her/his academic advisor.

Education Abroad Coordinator Date