



Transient Course Request

Request to earn transferable credit at another institution.

Please submit to the Office of the Registrar in 128 Ferrell Hall or via email at Registration@wvstateu.edu

Student Data

Name	<input type="text"/>	ID – A#	<input type="text"/>
Email	<input type="text"/>	Phone	<input type="text"/>

Academic Data

Major	<input type="text"/>	Minor	<input type="text"/>
Earned Credit Hours	<input type="text"/>	Current GPA	<input type="text"/>

Transient Institution Information

Name of Institution:	<input type="text"/>
Term & Year Visiting:	<input type="text"/>

Approved Courses

Transient Course (subj/course#/title)	Cr hrs.	Required WVSU (subj/course#/title)	Cr. hrs.	*Course Equivalent
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Courses deemed equivalent will be noted for future use for transfer equivalencies.

Approval Statement

I certify the above "Approved Courses" will fulfill the complete requirement(s) noted above

(Comments):

**It is the Responsibility of the Student to provide the official transcript upon successful completion of the transient course(s), to be counted for credit.*

Authorization of Approval

Department Chair- Signature	<input type="text"/>	Date	<input type="text"/>
College Dean- Signature	<input type="text"/>	Date	<input type="text"/>