

# CLAYTON STATE UNIVERSITY

REGISTRAR'S OFFICE ■ Suite 239 Edgewater Hall ■ 2000 Clayton State Blvd. ■ Morrow, GA 30260-0285  
Phone: 678-466-4145 ■ Fax: 678-466-4169 ■ www.clayton.edu

## Transient Authorization Request

### Transient Policy

1. Students need to be in good academic standing. Students on warning, probation, or suspension are not eligible for transient status.
2. Students must submit their completed application to the Registrar's Office by the published deadlines. Late applications will not be accepted. **(FALL – JULY 15, SPRING – NOV. 15, and SUMMER – APRIL 15)**
3. The course(s) may not be offered by Clayton State during the semester a student is requesting transient permission.
4. The course needs to have a CSU equivalent in order to be approved.
5. The course needs to be required by the student's major.
6. All pre-requisites (Clayton State pre-requisites as well as pre-requisites at the transient school) for the courses requested need to be satisfied.
7. International Students on an F-1 VISA may not be approved for transient permission.
8. Coursework completed as a transient will not apply towards your residency requirement for your degree.
9. A student may only seek transient permission two times while at Clayton State.

Name \_\_\_\_\_ LakerID# \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

College you are requesting to attend: \_\_\_\_\_ Term & Year \_\_\_\_\_

Address of School (must be provided if out-of-state). \_\_\_\_\_

Have you previously been approved for transient status \_\_\_\_\_. (Maximum of 2 terms may be approved)

Anticipated Graduation Date (semester and year) \_\_\_\_\_

### CSU Course

### Course Prefix and Number at Transient School

\_\_\_\_\_  
\_\_\_\_\_

Please provide your reason for requesting transient permission:

\_\_\_\_\_  
\_\_\_\_\_

By signing below, I affirm that I am in good academic standing at CSU and am eligible for transient status. I have read the policies and procedures in regard to transient authorization and agree to assume responsibility for having an official transcript mailed to CSU.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Head \_\_\_\_\_ Date \_\_\_\_\_

Dean \_\_\_\_\_ Date \_\_\_\_\_

**RETURN YOUR COMPLETED FORM TO THE REGISTRAR'S OFFICE:** If your request is approved, a transient letter will be mailed directly to the school you plan to attend. ***This form does not constitute a transient permission letter.***