

THE UNIVERSITY OF FINDLAY - Office of the Registrar

TRANSIENT APPROVAL
(Submit before enrolling in the course)

Name: _____

Student ID: _____

Email: _____

Phone: _____

Adviser: _____

Name of institution where course(s) will be taken:

Address: _____

City, State, Zip: _____

Select term when course(s) will be taken (one term only): Fall 20____ Spring 20____ Summer 20____

Approval will be limited to the term for which approval is requested.

CONDITIONS OF TRANSFER

1. Within six months of completing the transient course work, the applicant must request an official transcript be sent directly to the Office of the Registrar at the University of Findlay for inclusion on the UF transcript. Failure to submit the official transcript within six months will void this agreement.

Upon completion of course(s), request that your official transcript be sent to one of the following:

Paper Transcript:
Office of the Registrar
The University of Findlay
1000 N Main St
Findlay, OH 45840

E-transcript: *
registrar@findlay.edu

*Please do not send scanned images of transcripts as they are not official and will not be accepted

2. Only a grade of "C" or better will be transferred. Courses with Credit/No Credit or Pass/Fail grades will not be accepted.
3. Courses from a two-year institution cannot transfer to UF as upper level courses (300-/400- level).
4. No more than 62 semester hours of credit may be transferred from two-year institutions.
5. No more than 50% of the hours required in a major may be satisfied by transfer and/or transient course work.

I have read and understand the above conditions.

Student Signature: _____

Reason for taking course work elsewhere: (select all that apply)

- Financial
- Not offered at UF
- Institution closer to residence
- Other

Please provide a brief explanation:

Please provide the following information for each course to be taken elsewhere.

Legend:					
Instructional Mode	F – face-to-face	O – online	B – blended		
Purpose	M – major reqs.	C – Core+/GE	H – need hours	O – other	

Transient Institution Course Info				UF course Info	
Course Number (Ex: BIOL140)	Course Title (Ex: Biology I)	Number of Hours (Ex: 3 sem hrs)	Mode: (see legend)	UF course number you wish to satisfy (Ex: BIOL323)	Purpose: (see legend)

NOTE: A syllabus may need to be submitted to confirm equivalency as courses are constantly under review. We will contact you if a syllabus is needed.

Student's Signature _____ Date _____

Adviser's Signature _____ Date _____

Chair/Program Director's Signature _____ Date _____

Submit completed form (including signatures) using one of the following methods:

In person:
Office of the Registrar
Old Main, Room 32

Mail:
Office of the Registrar
The University of Findlay
1000 N Main St
Findlay, OH 45840

Email:
registrar@findlay.edu

Fax:
419-434-5565

Please allow 1-2 weeks for processing.

The equivalency results will be sent to the email address provided by the student.

FORMS WHICH ARE NOT FILLED OUT COMPLETELY WILL BE RETURNED.