

Office of the Registrar | Old Main Room 32 Mail: 1000 N. Main St. Findlay, OH 45840

Email: registrar@findlay.edu Phone: 419-434-4556

Transient Approval Request

Only one school and term per form

Submit to the Office of the Registrar prior to enrolling in the course(s)

Student:		
Last Name	First Name	Middle Initial
Student ID:	UF Email address:	
	(use personal email address if r	not yet enrolled at UF)
Program(s) of Study:	Advisor:	
	(for current st	
Transient Institution Information	on (where you are planning on tak	ing the course(s))
Institution Name:		
Address:		
Street	City, State	Postal Code Country (if not US)
When you are planning on tak	ing the course(s):	(ii flot 03)
	demic Period (select one): Fall	Spring Summer
Year:Approva	al of this form is limited to the term requ	ested.
Reason(s) for not taking the co	ourse(s) at UF (for current students	e).
(select all that apply)	saise(s) at or (ior carrein stadents	<i>5</i> 7.
Cost	To graduate at des	ired time
Institution closer to reside (for face-to-face/in-persor		ed at UF during desired term/time edule)
Unable to pass the course	e(s) at UF Other - please spe	cify:
Conditions of Transfer		
within 6 months of taking the couvisit https://www.findlesendtranscripts to UF 2. Courses from two-year institutions 3. Only a grade of "C" or better will accepted.	s cannot transfer to UF as upper-level (300-/4 I be transferred. Courses with Credit/No Crec	t. <u>pursework</u> for information on how to 00-level) courses. lit or Pass/Fail grades will not be
	of credit may be transferred from two-year in ired in a major may be satisfied by transfer an	
	ead and understand the Conditions of	
Student Signature:		Date:
OFFICE LISE ONLY		

Date Received: _____

Transient Course Information

Transient Institution Course Information			UF Course Information			
Course Subject Code and Number	Course Title		Number of Credit Hours	Instructional Mode (see legend)	UF course you want to get credit for	Purpose (see legend)
Note: A syllabus ma	y be needed to confirm equivalencies	as courses are co	enstantly und	der review. We	e will contact you if tha	t is the case
Legend						
	<u>lns</u>	tructional Mo	<u>odes</u>			
F - face	-to-face/in-person	O - online			B - blended/hybrid	d
		<u>Purposes</u>				
M - fulfill major/minor requirement		C - fulfill CORE+/GE requirement				
H - reach graduation credit hour requirement		O - other				
	a prerequisite for CORE+ requir am requirement, etc.	rement, major	/minor red	quirement,	graduate/professio	onal
Student Signate	ure (required):				Date:	
Advisor Signatu	ıre:				Date:	
Chair/Program	Director Signature:				Date:	

Please allow at least 2 weeks for processing. Results will be sent via email from the Office of the Registrar. Incomplete and/or illegible forms will not be processed.