TRANSIENT STUDENT PERMISSION REQUEST FORM

MAIL, FAX OR DROP OFF AT: Registrar’s Office, 3175 Cedartown Hwy., SE, Rome, GA 30161. Fax Number: (706) 295-6341

NAME:____________________________________________  GHCID#_________________________
E-MAIL:___________________________________________  DAYTIME PHONE: ___________
          HOME PHONE: ___________
TERM YOU WISH TO BE A TRANSIENT: __________________________________________________
COLLEGE TO WHICH YOU WISH TO BE A TRANSIENT: _____________________________________
LETTER SHOULD BE:  _____ MAILED  _____ FAXED
COMPLETE ADDRESS/FAX # OF RECEPIENT:
_________________________________________________________________________________

_________________________________________________________________________________

IMPORTANT!
REQUEST THAT YOUR TRANSCRIPT BE MAILED TO GEORGIA HIGHLANDS COLLEGE.
READ INSTRUCTIONS BELOW CAREFULLY

SIGNATURE:____________________________________________  DATE: _____________________

Students MUST meet the following conditions to be a transient student:

1. Completed at least two semesters at Georgia Highlands College
2. Be in good academic standing
3. Exited all Learning Support requirements
4. Attended Georgia Highlands College within the past 3 semesters

Students who are not in good academic standing and wish to attend another institution may complete this form to acquire a letter of NO OBJECTION.

A formal application must be submitted to the college for which this transient permission is requested. It is the student’s responsibility to comply with that college’s standards and application deadlines and processes.

IT IS THE STUDENT’S RESPONSIBILITY TO REGISTER FOR COURSES WHICH ARE APPLICABLE TO HIS/HER DEGREE PROGRAM.