



East Georgia State College Student Affairs  
 Office of the Registrar  
 131 College Circle  
 Swainsboro, GA 30401  
 Tel: (478)289-2169 Fax: (478)289-2353

# Transient Permission Form

Transient Institution \_\_\_\_\_

Term \_\_\_\_\_ Year \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

EGSC STUDENT ID NUMBER \_\_\_\_\_

CITY STATE ZIP \_\_\_\_\_

(AREA CODE) HOME PHONE \_\_\_\_\_

Last Name First Middle Maiden (if applicable) \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_  
 CITY STATE ZIP \_\_\_\_\_

*Please note:* Students must follow **all** policies and procedures related to Transient Student Permission. The policy can be found here: <http://www.ega.edu/policy/04-transient-student-permission-policy.pdf>.

List course(s) you plan to take at the transient institution. It is the student's responsibility to contact the institution for their course offerings and course descriptions.

**Course(s) to be taken at transient institution**

Course Prefix	Course Number	Course Title	Hours
Ex: ENGL	2112	World Literature I	3

**East Georgia State College Equivalent Course(s)**

Course Prefix	Course Number	Course Title	Hours
ENGL	2112	World Literature I	3

E/S
E

E – Equates To  
 S – Substitutes For  
 # -- Not equivalent to EGSC Course

Carefully read and sign where indicated.

**The EGSC Records Office will review your transient permission request once you provide the required information and have initialed on the lines below and thereby affirm you have read, understood, and/or complied with each item listed:**

\_\_\_\_\_ I **have attached** a copy of the course description(s) from the transient institution.

\_\_\_\_\_ I **understand** an academic hold will be placed on my record until I provide the above documentation and that my registration may be affect for the subsequent term with EGSC if I do not ensure a transcript has been received by the Registrar's Office.

Student ID # \_\_\_\_\_ Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Registrar's Signature \_\_\_\_\_ Date \_\_\_\_\_

Dean's Signature (only applies to #4 of the transient permission policy) \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by the Registrar's Office:**

\_\_\_ Student has maintained a total 2.00 institutional grade point average and therefore is in good standing at East Georgia State College and has approval to register with you for the above course(s).

\_\_\_ is in good standing at East Georgia State College; the course(s) listed above are considered out-of-program and will **not** transfer back to our institution to satisfy degree requirements. Consequently, you are **not** eligible for **any** financial aid through East Georgia State College for course(s) listed above.

\_\_\_ does not have permission to register with your institution for any courses.

\_\_\_ other: \_\_\_\_\_

\_\_\_\_\_  
Representative of the Registrar's Office Signature

\_\_\_\_\_  
Date

**For Office Use Only:**

SOAHOLD: \_\_\_\_\_  
SOAPCOL: \_\_\_\_\_  
SAAADMS: \_\_\_\_\_

Copy to Financial Aid: \_\_\_\_\_  
Copy to Student: \_\_\_\_\_

Date Transient Form Sent to Transient Institution: \_\_\_\_\_

Contact Information at Transient School:

Name: \_\_\_\_\_ Tel: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Initials: \_\_\_\_\_

**Follow up:**

Transcript received: \_\_\_\_\_  
Initials \_\_\_\_\_