Office of the Registrar

_____ _____ _____
Student Last Name, First, Middle   Student ID #   Class/Curriculum

_____   _____
Name and Address of Transient Institution   Transient Term and Year

Course Number	Course Title	Credit Hours (Qtr. Or Sem.)	AU Equivalent

Upon completion of this course work, **it will be the student's responsibility** to ensure that an official transcript is mailed to the Office of the Registrar, 152 S. College St., Auburn, AL 36849. A graduating student has ten (10) working days after commencement to provide Auburn University with an official transcript. If the transcript is not received by this deadline, the student will be removed from that term's graduation list.

This form must be approved by the respective Dean's Office and the Office of the Registrar prior to registration for courses at another institution. Credit will only be accepted from approved regionally accredited institutions where there are reasonable course equivalencies.

_____   _____
Transient Address for Student   Transient Phone Number (including area code)

_____   _____
City   State   Zip   E-Mail Address

You will be given transfer credit for the approved courses above, provided you earn a D or better, with the exception of courses which require a C or better (i.e., English Composition).

This form does **NOT** permit you to receive credit for courses taken while on academic suspension or academic dismissal from AU, take courses at another college for more than one term, enroll in courses for which you have not met the prerequisite, or receive transfer credit for "gapped" courses.

Are you requesting a break in senior residency?   Yes ☐   No ☐   _____
                                                                      Dean's Signature approving break (if necessary)

Students may not be eligible for federal aid (from AU or your transient Institution) during transient terms.

_____   _____
Date   Student Signature (indicates agreement with all terms of transient status)

_____   _____
Date   Advisor/Dean's Office Approval Signature

                                 _____
                                 Advisor/Dean's Office Print Name

I certify that the above named student is currently eligible to return to Auburn University.

_____   _____
Date   Registrar's Approval

07/2019

Office of the Registrar
Langdon Hall • 152 South College Street
Auburn, AL 36849
334.844.2544 • registrar.auburn.edu