



Central State University - Office of the Registrar

Transient Request Form

Central State University students are responsible for submitting a formal application for admission to the institution for which this permission is granted. It is the student's responsibility to adhere to all admissions deadlines and requirements of that institution.

Student ID#: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____ City, State: _____ Zip Code: _____

Email Address: _____ Daytime Phone Number: _____

FR SO JR SR (Please Circle One) Major: _____ Anticipated Graduation Date: _____

Name of Transient Institution: _____ Term/ Year of Attendance: _____

Accrediting Association: _____

The above student is authorized to take the following courses (the transient institution's course description must be attached):

<u>Transient Institution</u>			<u>Central State University Equivalent Course</u>		
<u>Course ID</u>	<u>Course Title</u>	<u>Hours</u>	<u>Course ID</u>	<u>Course Title</u>	<u>Hours</u>

This student must be in good standing and have a zero balance at Central State University, which makes him/her eligible to return to Central State University. **NOTE:** This course(s) will NOT impact your GPA at Central State University.

Central State University accepts credits from colleges and universities accredited by regional accrediting associations. The six regional accrediting associations are: Middle States, New England, North Central, Northwest, Southern, and Western Association of Colleges and Schools. Courses that are being considered as transferable credit, must be college level courses and non-developmental. Under state law, the university is required to accept grades "D" or better from state assisted colleges and universities in Ohio. For institutions that are out-of-state, the final grade must be a "C" or better. Grades of "S", "pass" and "credit" are considered for as well.

An official transcript must be requested by the student and must be received by Central State University in order for the credit to be applied. All transcripts are to be sent to the Office of the Registrar; Central State University; 1400 Brush Row Rd | P.O. Box 1004 Wilberforce, OH 45384.

Student's Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____

Dept. Chair's Signature: _____ Date: _____

Cash Management's Signature: _____ Date: _____

To be completed by the Office of the Registrar:

Cumulative GPA: _____ Total Credits Earned: _____ Academic Standing: _____

Office of the Registrar's Signature: _____ Date: _____