



Transient Student Authorization
Email Request to records@trenholmstate.edu

Student Full Name _____

Student A # _____

The above student is in good standing at Trenholm State Community College and is hereby given permission to enroll as a transient student at: _____

College/University

Address _____

City/State/Zip _____

for the _____ Term _____ (year) in the following courses:

Course Reference Number (CRN)	Course Title	Credit Hours

Upon successful completion of the course(s) listed above, credit for these course(s) will be accepted at Trenholm State Community College for partial fulfillment of degree requirements.

Office of Records/Registrar Official Signature _____

Date _____

NOTE:

1. The student is responsible for requesting that transcripts be forwarded to the Office of Admissions and Registrar at Trenholm State Community College.
2. Only grades of "C" or higher will be accepted as transient credit.
3. The student should ensure that the completion date is within the required time period for graduation purposes.

Student's Signature _____

Date _____

H. Council Trenholm State Community College and the Alabama Community College System do not discriminate on the basis of race, color, disability, sex, religion, creed, national origin, age or any other protected class as defined by federal and state law, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, activity, or employment.

Email this completed form to the Office of Records/Registrar
records@trenholmstate.edu