



TRANSIENT/CROSS ENROLLMENT FORM

This form enables you to transfer credits of pre-approval courses ONE TERM ONLY.

IMPORTANT INSTRUCTIONS:

1. Check for the institute you will be attending as a Transient Student, known as the Receiving School. Then complete and sign Section A Below.
2. Request for your Academic Advisor to complete and sign Section B.
3. Submit form to USF St. Petersburg Registrar's Office (BAY 102) for completion of Section C.

THREE BUSINESS DAYS after submission, you may pick-up the completed form.
 To receive the completed form by mail, attach a self-addressed stamped envelope to the form. You are responsible for submitting the white copy to the Registrar's Office at the Receiving School in accordance with the Receiving School's procedures.

RECEIVING SCHOOL(Check Box);

- Florida A&M University, Tallahassee, FL 32307-3200
- Florida Atlantic University, Boca Raton, FL 33431-0991
- Florida Gulf Coast University, Ft. Myers, FL 33908-4500
- Florida International University, Miami, FL 33908-4500
- Florida State University, Tallahassee, FL 32306-1011
- University of Central Florida, Orlando, FL 32816-0114
- University of Florida, Gainesville, FL 32611-8140
- University of North Florida, Jacksonville, FL 32224-2645
- New College of Florida, Sarasota, FL 34243-2197
- University of West Florida, Pensacola, FL 32514-5750

SECTION A: To be completed by student applicant. Do not leave any questions blank.

First Name:		Last Name				Middle Initial	
Ethnicity: (Check Box)	Asian/Pacific Islander	Black Non- Hispanic	Hispanic	American Indian/ Alaskan Native	Non-resident Alien	Unknown	White Non Hispanic
Date of Birth	Term (Check Box)		Fall	Spring	Summer		
Nation of Citizenship			Gender:	Male	Female	Not Available	
Business Telephone Number		()	Home/Mobile Telephone Number		()		
Email Address:							
Address while attending USF St. Petersburg (or Permanent Residence address):							
Address during Term of Attendance as a Transient/Cross Enrolled Student:							
I understand that if I register for courses not approved herein, I assume the full risk of transferability. I also understand that this application is for the ONE TERM specified and the new form with approved courses must be submitted in order to continue my Transient Student status. I also understand that I must provide USF St. Petersburg with an official transcript from the Receiving School, and authorize the release of such records accordingly.							
Signature of Student:				Date:			

SECTION B: To be completed by Academic Advisor.

COURSE APPROVAL: The above named student is hereby authorized to take the following course(s) during one term specified. Transfer Credit for these courses will be acceptable upon receipt of an official transcript as per the regulation of University of South Florida.				
SUBJECT	COURSE #	CREDIT HRS	COURSE TITLE	USF EQUIVALENCY
Signature of Academic Advisor			Date:	
Credit hours of this approved transfer work will reduce the USF St. undergraduate degree requirement of earning 60 hours at a baccalaureate-granting institution.				
Signature of ARC Representative:				

SECTION C: To be completed by USF St. Petersburg Office of the Registrar.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	The above named student is regularly enrolled in a degree program and is eligible to re-enroll.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	The student has a Student Health Form on file indicating she/he has the required Measles and Rubella immunities
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	This student has a Medical History Form on file.
This student has the required documentation on file with USF to meet the legal classification of the following:				USF Validation
Florida Resident	<input type="checkbox"/>	Non-Florida Resident	<input type="checkbox"/>	
Resident Alien	<input type="checkbox"/>	Documented Alien	<input type="checkbox"/>	
Signature of Registrar:			Date:	

OFFICE OF THE REGISTRAR

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