

**Transient Student Authorization Form
Hiram College, Office of the Registrar
PO Box 67, Hiram OH 44234
330.569.5210/Registrar@hiram.edu**

Name _____ Banner ID _____ Date _____

Street Address _____

City _____ State _____ Zip _____

Local Phone _____ Work Phone _____

Current Class Standing: Senior _____ Junior _____ Sophomore _____ Freshman _____

Institution Student Will Attend _____

Address _____

Term Attending as a Transient Student: Fall _____ Spring _____ Summer _____ Year: 20 _____

TRANSFER COURSE(S) REQUESTED:

HIRAM COURSE EQUIVALENT:

| <u>Dept.</u> | <u>Course Number</u> | <u>Course Title</u> | <u>Cr. Hours</u> | <u>Dept.</u> | <u>Course Number</u> | <u>Course Title</u> | <u>Cr. Hours</u> |
|--------------|----------------------|---------------------|------------------|--------------|----------------------|---------------------|------------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

I am aware of the transfer credit policy whereby 1) a grade of 'C' or higher is required in order for the credits to be considered transferrable; 2) grades and grade point averages earned at other institutions DO NOT transfer back to Hiram College; 3) a transcript from the above institution must be received by Hiram College in order for transfer credit to be evaluated; 4) I am aware that the final 30 semester hours during my senior year must be completed at Hiram College or in a Hiram College approved program, and that any exception requires approval of the Associate Academic Dean of the College. **By signing below, I acknowledge this policy.**

Student Signature **Date**

Signature of Academic Advisor **Date**

Signature of Hiram College Associate Dean **Date**

Academic Advisor signature (needed only if courses are for **major or minor**).
Associate Dean of Professional and Graduate Studies signature (needed for Weekend College or Partnership student).
Associate Dean of the College (needed only if student has 30 or fewer hours remaining for graduation)

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(To be completed by the Registrar's Office)

This is to certify that the above named student _____ is in good standing/ _____ is NOT in good standing at Hiram College and has permission to register as a Transient Student at the above institution.

Registrar's Office Personnel Date
Distribution: Host Institution _____ Hiram Registrar's Office _____ Student _____