SPRING HILL COLLEGE, 4000 Dauphin Street, Mobile, Alabama 36608

APPLICATION FOR TRANSIENT STUDY AT ANOTHER INSTITUTION

NAME OF STUDENT	ID #	*applies for transient (correspondence) study at:*
NAME OF TRANSIENT STUDY INSTITUTION	TRANSIENT INSTITUTION MAILING ADDRESS	DURING THE TERM / QUARTER

COURSES DESIRED FROM OTHER INSTITUTION				SPRING HILL COLLEGE COURSE WHICH IT REPLACES		
DEPARTMENT	COURSE NO	HRS	TITLE	DEPARTMENT	COURSE NO	HRS
CATALOG DESCRIPTION FROM OTHER INSTITUTION						
DEPARTMENT	COURSE NO	HRS	TITLE	DEPARTMENT	COURSE NO	HRS
CATALOG DESCRIPTION FROM OTHER INSTITUTION						

I understand that I must earn a grade of C- or better in order for this course(s) to be accepted as Transfer Credit toward my degree program at SHC.
I know I must request both a financial aid and academic transcript to be sent to Spring Hill College.

Student Signature _____ Date _____

This student finds it necessary and/or desirable to take these courses at another institution because:

_____

_____

APPROVED: _____ DATE _____
ADVISER

[Please complete this form in quadruplicate and have the student *bring* it to the Registrar's Office]

RECOMMENDATION OF ACADEMIC OFFICIAL TO OTHER INSTITUTION

☐ The above-named student is recommended without qualification.

☐ The above-named student is recommended with qualification because of scholastic deficiency. The student is on academic probation, but is eligible to return.

This recommendation is not valid unless signed and dated by the Academic Official.

ACADEMIC OFFICIAL _____ DATE _____

TITLE _____

SHCP No. 20127 (11/05)