

Point University

TRANSIENT PERMISSION FORM

Office of the Registrar

507 West 10th Street
West Point, GA 31833
706-385-1018 (phone) 706-645-9475 (fax)

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

_____ - _____ - _____ Transient Term: _____
Social Security Number

Student Name Name of Transient Institution

Street Address Street Address

City State ZIP City State ZIP

Point University Course			Courses to be taken at Transient Institution		
Course Number	Course Title	Hours	Course Number	Course Title	Hours

All transient courses must be approved by the registrar. Transfer credit will only be given if the transient institution's transcript reflects an earned "C" or above. The grade(s) will not be reflected in the Point GPA.

I understand the transient policy of Point University and request permission to take the courses listed above. I know I am responsible for having a transcript sent to Point upon course completion.

Student's Signature

To be Completed by the Registrar

This student
_____ is a student in **good standing** at Point University
_____ is on **academic probation** at Point University

_____ has the registrar's approval for any of the courses listed above
_____ has completed the course and the transcript has been received and recorded: _____
Date

Registrar Date