

Permit for Transient Study

NAME _____
Last First Middle

ID# _____ PHONE _____ CAMPUS BOX _____

ADDRESS _____
Street & Number City & State Zip Code

DEGREE _____ MAJOR _____

I request permission to enroll for the following courses during the following summer term/semester (please circle one):

May June July Fall Spring

Year: _____

I will be enrolled at:

Name of College/University

A copy of a course description for each course must be attached.

HOST INSTITUTION			WINGATE EQUIVALENT				
Course & Number	Hours Credit	Descriptive Title	Course & Number	Hours Credit			
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	

Upon the successful completion of this work with a grade of "C" or better and Wingate University's receipt of an official transcript from the host institution, the credit approved on this form will transfer to Wingate University in the manner indicated above. **Credit is transferable only from the term specified above and can only be applied to the corresponding summer term/semester at Wingate University.**

Student Signature _____ Date _____

Approved by _____ Date _____
Registrar

Notes:

1. Transfer work will not be accepted unless student has a 2.0 cumulative GPA at Wingate University.
2. The last thirty (30) hours prior to graduation must be completed at Wingate University.
3. Transfer work will be used when calculating honors for graduation, but cannot be used to raise the Wingate average.
4. Transfer work cannot substitute for a course the student has previously failed at Wingate University.