

Letter of Transient Permission Form

This form is intended only for prospective transient students coming to UWG and not for current UWG students.

THIS SECTION IS TO BE COMPLETED BY THE STUDENT

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| Student Name: _____ Date of Birth _____ |
| Section A. Term of Admission |
| Enrollment Term you have Applied for with UWG: <input type="checkbox"/> Summer Semester <input type="checkbox"/> Fall Semester <input type="checkbox"/> Spring Semester Year _____ |
| Section B. Current Educational Institution |
| Name of Current Institution: _____ |

THIS SECTION IS TO BE COMPLETED BY AN OFFICIAL AT YOUR CURRENT SCHOOL

| Section C. Good Standing | | | | | | | | | | | | |
|---|-----------------------------------|-----------------------------------|--|--|--|--|--|--|--|--|--|--|
| I certify that the aforementioned student is currently in both good social and academic standing <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | |
| Section D. Approved Courses | | | | | | | | | | | | |
| <i>*This section must only be completed if required by your current institution</i> | | | | | | | | | | | | |
| The aforementioned student is approved to take the following courses at UWG: | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; padding: 5px;">UWG COURSE</th> <th style="width: 50%; padding: 5px;">EQUIVALENT AT CURRENT INSTITUTION</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </tbody> </table> | UWG COURSE | EQUIVALENT AT CURRENT INSTITUTION | | | | | | | | | | |
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Student Signature: _____ **Date:** _____

By signing, I grant the aforementioned student permission to attend the University of West Georgia as a transient student.

Printed Name of Official from Current Institution: _____

Signature of Official from Current Institution: _____ **Date:** _____

