



# WEST LIBERTY UNIVERSITY TRANSIENT APPLICATION

College Union Box 145, 208 University Drive, West Liberty, WV 26074 --- [Registrar@WestLiberty.edu](mailto:Registrar@WestLiberty.edu) --- FAX 304 336-8220

Name _____ <small>Please type or print. A copy is sent to this address:</small>	Student ID# _____	Transient Institution _____
Address _____	Current Major _____	Institution Address _____
City, State, Zip _____	Phone Number _____	City, State Zip _____

Check here if you are going to apply for Financial Aid for these course(s).

Term Enrollment: Year: \_\_\_\_\_  Summer  Fall  Spring

### TRANSIENT COURSES

### WEST LIBERTY UNIVERSITY COURSES

### WLU APPROVAL SIGNATURES\*\*

Dept. Abbrev.	Course # (not CRN)	# Credits	Dept. Abbrev.	Course # (not CRN)	# Credits	(Obtain signatures; <u>then</u> submit to Registrar's Office. N/A: WVNCC EGCC BC CCAC.)	
1 _____	_____	_____	_____	_____	_____		
Title: _____			Title: _____			WLU Department Chair Signature	WLU College Dean Signature
2 _____	_____	_____	_____	_____	_____		
Title: _____			Title: _____			WLU Department Chair Signature	WLU College Dean Signature
3 _____	_____	_____	_____	_____	_____		
Title: _____			Title: _____			WLU Department Chair Signature	WLU College Dean Signature
4 _____	_____	_____	_____	_____	_____		
Title: _____			Title: _____			WLU Department Chair Signature	WLU College Dean Signature

**\*\*Courses taken at WV Northern Community College, Eastern Gateway Community College, Belmont College or CCAC do not need approval signatures. See 4 TRANSFER EQUIVALENCY GUIDES at the Registrar's Office or at <http://www.westliberty.edu> – STUDENTS – Registrar – STUDENTS & FORMS – Transfer Agreements – [name of transient institution]. For other institutions approval signatures are required above; transient institution course descriptions may be requested. Please allow one week for processing.**

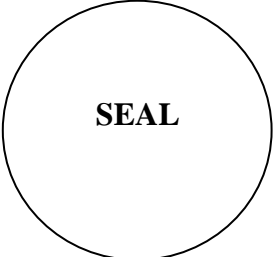
Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Comments \_\_\_\_\_

*I agree that I will request that an official transcript be sent, upon completion of stated course(s), to the Registrar's Office, West Liberty University. Quarter hours will be converted to semester hours.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Registrar Signature \_\_\_\_\_

Date \_\_\_\_\_