



WEST LIBERTY UNIVERSITY TRANSIENT APPLICATION

College Union Box 145, 208 University Drive, West Liberty, WV 26074

Name _____ <small>Please type or print all information</small>	Student I. D. No. _____	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

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 BTC CCAC.)	
1	_____	_____	_____	_____	_____	_____	_____
Title: _____						Department Chair Signature	College Dean Signature
2	_____	_____	_____	_____	_____	_____	_____
Title: _____						Department Chair Signature	College Dean Signature
3	_____	_____	_____	_____	_____	_____	_____
Title: _____						Department Chair Signature	College Dean Signature

****Courses taken at WV Northern Community College, Eastern Gateway Community College, Belmont Tech or CCAC do not need approval signatures. See TRANSFER EQUIVALENCY GUIDES at the Registrar's Office or at <http://www.westliberty.edu/> under the Student Forms tab. For other institutions approval signatures are required above; transient institution course descriptions may be requested. Please allow one week for processing.**

Student Signature _____ <i>I agree that, upon completion of stated course(s), I will request that an official transcript be sent to the Registrar's Office, West Liberty University. Quarter hours will be converted to semester hours.</i>	Date _____	Comments _____ _____ _____ _____
Registrar Signature _____	Date _____	

