



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

Email: _____

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**

(Obtain signatures; then submit to Registrar's Office. N/A: WVNCC EGCC BTC CCAC.)

Dept. Abbrev.	Course # (not CRN)	# Credits	Dept. Abbrev.	Course # (not CRN)	# Credits
1	_____	_____	_____	_____	_____
Title: _____			Title: _____		
2	_____	_____	_____	_____	_____
Title: _____			Title: _____		
3	_____	_____	_____	_____	_____
Title: _____			Title: _____		
4	_____	_____	_____	_____	_____
Title: _____			Title: _____		

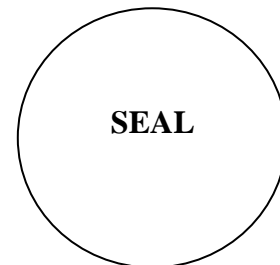
_____	_____
Department Chair Signature	College Dean Signature
_____	_____
Department Chair Signature	College Dean Signature
_____	_____
Department Chair Signature	College Dean Signature
_____	_____
Department Chair Signature	College Dean Signature

****Courses taken at WV Northern Community College, Eastern Gateway Community College, Belmont Tech or CCAC do not need approval signatures. See 4 TRANSFER EQUIVALENCY GUIDES at the Registrar's Office or at <http://www.westliberty.edu/> – STUDENTS – Registrar – STUDENTS – 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
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.

Date

Comments



Registrar Signature

Date