



# WEST LIBERTY UNIVERSITY TRANSIENT APPLICATION

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

<b>Name</b> _____ <small>Please type or print all information</small>	<b>Student I. D. No.</b> _____	<b>Transient Institution</b> _____
<b>Address</b> _____	<b>Current Major</b> _____	<b>Institution Address</b> _____
<b>City, State, Zip</b> _____	<b>Phone Number</b> _____	<b>City, State Zip</b> _____
<b>Email:</b> _____		

\_\_\_\_\_ 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: _____			Title: _____			Department Chair Signature	College Dean Signature
2	_____	_____	_____	_____	_____	_____	_____
Title: _____			Title: _____			Department Chair Signature	College Dean Signature
3	_____	_____	_____	_____	_____	_____	_____
Title: _____			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 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

SEAL