



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**

Dept. Abbrev.	Course # (not CRN)	# Credits	Dept. Abbrev.	Course # (not CRN)	# Credits
1	_____	_____	_____	_____	_____

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

Title: _____ **Title:** _____

Department Chair Signature College Dean Signature

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

Title: _____ **Title:** _____

****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



January 2017 C: Student, Student's File

STATEMENT OF GOOD STANDING: The above named student is in good academic standing.