



# WEST LIBERTY UNIVERSITY TRANSIENT APPLICATION

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

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_ Transient Institution: \_\_\_\_\_

Please type or print all information

Address: \_\_\_\_\_ Current Major: \_\_\_\_\_ Institution Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Cell Number: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Email: \_\_\_\_\_

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

Office Use:  
Copy to FA

Term Enrollment Year: \_\_\_\_\_

Summer

Fall

Spring

## TRANSIENT COURSES

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

1. \_\_\_\_\_

Title: \_\_\_\_\_

2. \_\_\_\_\_

Title: \_\_\_\_\_

## WEST LIBERTY UNIVERSITY COURSES

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

1. \_\_\_\_\_

Title: \_\_\_\_\_

2. \_\_\_\_\_

Title: \_\_\_\_\_

## APPROVAL SIGNATURES\*\*

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

\_\_\_\_\_  
Dept. Chair Signature

\_\_\_\_\_  
College Dean Signature

\_\_\_\_\_  
Dept. Chair Signature

\_\_\_\_\_  
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 Registrar's Office or at westliberty.edu—STUDENTS—REGISTRAR—TRANSFER AGREEMENTS. For other institutions approval signatures are required above; transient institution course descriptions may be requested. Please allow one week for processing.

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

\_\_\_\_\_  
Date

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.

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

\_\_\_\_\_  
Date

May 2023 C: Student  
STATEMENT OF GOOD STANDING: The above name student is in good academic standing



COMMENTS:

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