



Office of the Registrar
Transient Permission Form
Graduate Students

CWID

Last Name

First Name

MI

*Note: Completion of this form does not guarantee financial aid. Please visit the Financial Aid office to apply or inquire regarding your status.

*Upon Successful completion of the course you must send your official transcript to The Citadel. Please be sure to alert the office of the Registrar *after* your official transcript has been submitted. You may email registrar@citadel.edu.

I request to take the following courses at _____
Name of Accredited College/University *One School per Sheet, Please*

_____ during the _____ of _____
City and State of College/University Term Year

Course Information from Other College Completed by the Student				Equivalent Citadel Course Information Completed by the Student	
Course ID <i>Ex. ENGL 101</i>	Course Name <i>Ex. Composition & Literature I</i>	Credit Hours	Semester or Quarter Hours	Course ID <i>Ex. ENGL 101</i>	Credit Hours

Your signature acknowledges that you understand the guidelines and requirements as specified here: <https://www.citadel.edu/root/registrar-approved-college-transfer-credits/registrar-transfer-policy>. Your signature also acknowledges that The Citadel will not accept transfer credits earned while a student is on academic or conduct discharge or while conduct charges are pending.

Student Signature

Date

Advisor Signature

Date

Program Coordinator Signature

Date

Office Use Only

The above student is in good standing and has been given permission to take the above courses away from The Citadel.

Registrar Signature

Date

Initials

School Code

Checked/Added to Banner