

Student Name \_\_\_\_\_  
*First (Given) Middle Last (Family)*

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Institution \_\_\_\_\_

Current degree and major at home institution \_\_\_\_\_

Semester and year of planned transient study \_\_\_\_\_

Transient course(s) student is wishing to take (course acronym, number, & title):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Verification of Enrollment/Approval for Transient Study**

The student named above is applying to Georgia State University as a non-degree seeking transient student. In accordance with University System of Georgia Board of Regents and University policy, the following information is required.

This student is currently in good standing with our institution, has not been dropped or dismissed for any reason, and is eligible to return to the institution. If admitted, this student has permission to register at Georgia State University as a non-degree seeking transient student for the above mentioned courses.

\_\_\_\_\_  
Graduate Academic Advisor Printed Name

\_\_\_\_\_  
Advisor Email

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Advisor Phone Number

\_\_\_\_\_  
Date