



TRANSIENT PERMISSION FORM

Registrar's Office - 3001 Mercer University Drive Atlanta, GA 30341 - 678)547-6263

Student Name: _____

SSN: _____

Home Address: _____

Work Phone: _____

Home Phone: _____

Transient Institution Name and Complete Address: _____

Reason for Request: _____

Term: _____

Student Classification: Undergraduate

Graduate

Professional

Mail Form

Pick Form Up

Transient Course	Transient Course #	Mercer Equivalent Course	Mercer Equivalent Course #

1 – All Mercer University financial obligations must be satisfied before Transient Approval is granted.

2 – Students must read and understand the Transient policies and restrictions published in the catalog.

3 – Upon completion of the course(s), it is the responsibility of the student to have the transient school send an official transcript directly to the Registrar's Office at the address listed above.

A. I understand the transient policy and request permission to take the above-listed courses:

STUDENT'S SIGNATURE: _____ DATE: _____

B. ADVISOR'S SIGNATURE: _____ DATE: _____

C. DEAN'S SIGNATURE: _____ DATE: _____

REGISTRAR'S OFFICE APPROVAL:

The student named above is in good standing academically and financially and eligible to return to Mercer.

The student named above is not in good standing academically, but eligible to return to Mercer.

D. REGISTRAR'S OFFICE SIGNATURE: _____ DATE: _____