SCHOOL OF GRADUATE STUDIES

Armstrong Atlantic State University

GRADUATE STUDENT IN GOOD STANDING

Name:_____ Student ID#:_____
last first

Address:_____
street city state zip code

I am a graduate student at Armstrong Atlantic State University and am requesting permission to enroll as a transient student at _____ during _____ semester, 20_____ . In the following course(s):

Transient Institution			***AASU Equivalency***	
Course	CRN	Title	Course	Title

Approved by:

_____ _____
Academic Advisor Date

To be completed by the School of Graduate Studies

This is to verify that the above-named student is classified as _____
In the School of Graduate Studies at Armstrong Atlantic State University. He/She **is**[ ] **is not**[ ] a graduate student in Good Standing at Armstrong Atlantic State University and **has**[ ] **does not have**[ ] the permission of his/her academic advisor and the School of Graduate Studies to register as a Transient student at your institution.

Approved by:

_____ _____
Director of Graduate Studies Date

cc: Student
Academic Advisor
School of Graduate Studies