

PERMIT FOR TRANSIENT STUDY

If you are receiving Veteran benefits, please notify the Veteran Student Services Office at veteranservice@uncc.edu of all changes

For use by UNC Charlotte Undergraduate Degree Students only.

Seniors only: Have you applied to graduate?

Name (Last, First, Middle) UNC Charlotte ID#:

Address Major Dept.

City State Zip Code UNCC email

Phone Number Name of school you will be attending:

Transient Study Courses					UNC Charlotte Equivalencies				
Add Row	Dept. Abbr.	Course #	Credits	Descriptive Title	Dept. Abbr.	Course #	Credits	Goals	Dept. OK Required
<input type="checkbox"/> + <input type="checkbox"/> -									Approved By _____
<input type="checkbox"/> + <input type="checkbox"/> -									Approved By _____
<input type="checkbox"/> + <input type="checkbox"/> -									Approved By _____
<input type="checkbox"/> + <input type="checkbox"/> -									Approved By _____

Term and year when course(s) will be completed.

Term: Year:

_____ Student Signature _____ Date

Recommended: _____
 Department Chairperson _____ Date

ENDORSEMENT OF STUDENT'S COLLEGE

To the Registrar: This request is Approved Not Approved _____
 Associate Dean

This is a waiver of the residence requirement for graduation. Yes No _____
 College _____ Date

IF YOU ARE PREPARING FOR TEACHER CERTIFICATION, CONSULT THE COLLEGE OF EDUCATION

Request: Approved Not Approved _____
 Associate Dean, College of Education _____ Date