

Transient Student Application for Non-FloridaShine Institutions

Minimum Requirements:

-Regularly enrolled in a degree program and eligible to re-enroll.

Instructions:

Step 1- You must establish that the courses you intend to take are offered during the term you will be enrolled as a Transient.

Step 2- See your Academic Advisor to have classes approved and the form signed.

Step 3- Have your Transient Student Form signed and certified by the Associate Dean/Manager of Enrollment Management in the Enrollment Services Office.

Step 4- Submit a copy of the form to The Office of Financial Aid if you will be receiving aid for the term.

Step 5- Send the form to the school you are going to attend. Make a copy of the form for your records.

YOU are responsible for keeping a legible copy of this form.

YOU are responsible for having an official transcript sent to CFK from the transient institution with your final grade(s) for the term of attendance to CFKEnrollment Services Office, 5901 College Road, Key West, FL 33040 or admissions@cfk.edu

TRANSIENT STUDENT FORM

This form enables you to transfer credits of pre-approved courses ONE TERM ONLY.	

HOME INSTITUTION: The College of the Florida	HOST INSTITUTION:		
Keys			
nstructions the school you will be attending as a Transient Student, known as the	School Name:		
 host school, then complete and sign Section A. Ask your Academic Advisor to complete and sign Section B. The Enrollment Services Office of your home school (CFK) must complete Section C. 	Address:		
You are responsible for mailing or hand delivering the original copy to the appropriate office of the host school.	City:		
(Address listed to the right.)	State: Zip Code:		
COMPLETION OF THIS FORM DOES NOT CONSTITUTE REGISTRATION			

SECTION A: To be completed by student applicant. Do not leave any questions blank.								
1. XXX-XX- 2.	3.							
Last 4 of your Social Security Number Legal Full Name	Email Address							
4. Term: 🗖 Fall, 20 🗖 Spring, 20 🗖 Summer, 20	5. Birthdate////							
6. Gender: DM DF DNot Listed 7. Race: Nation of Citizenship:								
Ethnicity: Citizenship Status:								
8. Permanent Address: Number and Street Address								
	()							
City								
9. Address during term of attendance as a transient student: Number and Street Address								
City State								
I understand that if I register for courses not approved herein, I assume the full risk of transferability. I also under	· · · ·							
specified and that a new form with approved courses must be submitted in order to continue my transient status.								
institution with an official transcript from the host institution and authorize the release of such records accordingly	/.							
Cianatura of Chudaatu								
Signature of Student: Date:								
SECTION B: To be completed by Academic Advisor.								
The above named student is hereby authorized to take the following course(s) during the one term specified. Tra	ansfer credit for these courses will be accepted upon							
the receipt of an official transcript as per the regulation of The College of the Florida Keys.								
Prefix and Course Hours Course Title	Home School Equivalent							
1								
2								
3								
4								

Advisor Name: ____

Signature of Academic Advisor:

SECTION C: To be completed by the Enrollment Services Office of the Home School.

The above named student is hereby authorized to take the approved listed course(s) during the one term specified. Transfer credit for these courses will be accepted upon the receipt of an official transcript as per the regulation of The College of the Florida Keys.							
	Y 🗖 I	N 1. The above named student is regularly enrolled in a degree program and is eligible to re-enroll.					
	Y 🗖 🛛 I	N 🗖	2. This student has a Student Health Form on file indicating she/he has the required Measles and Rubella immunities.				
	Y 🗖 🛛 I	N 🗖	3. This student has the required documentation on file with the parent school to meet the legal classification of:				
			Florida Resident	Non-Florida Resident	Resident Alien	Documented Alien	
1							

Signature of Associate Dean/Manager of Enrollment Management: ____

Date: