



AMRIDGE UNIVERSITY

Where Traditional and Online Education Merge

AMRIDGE UNIVERSITY TRANSIENT STUDENT FORM

Student's Full Name

Date of Birth

The above student is in good academic and financial standing at Amridge University and it is hereby requested that permission be granted for this transient student to enroll in your institution, _____

College/University

Address

City

ST

ZIP

for the _____ **term,** _____ **in the following courses:**
(quarter/semester) (year)

COURSE NO.	TITLE	CREDIT HOURS

Upon successful completion of the course(s) listed above, credit for these course(s) will be accepted in partial fulfillment of the student's degree requirements at Amridge University.

Signature

Date

Title

Telephone Number

Please note that an official transcript must be received before credit can be applied.

Please return this completed form to the appropriate address below:

Office of Registrar
Amridge University
1200 Taylor Road
Montgomery AL 36117-3520