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

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

<table>
<thead>
<tr>
<th>COURSE NO.</th>
<th>TITLE</th>
<th>CREDIT HOURS</th>
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</table>

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

Admissions 3 - 5.2013