



OFFICE OF THE REGISTRAR  
 POST OFFICE BOX 8104 ✦ 300 COLLEGE STREET, NORTHEAST  
 ORANGEBURG, SC 29117-0001 ✦ (803) 536-7185 ✦  
 FAX: (803) 536-8602

# TRANSIENT PERMISSION FORM

NAME \_\_\_\_\_ Campus Wide ID \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Year \_\_\_\_\_ Term \_\_\_\_\_ Semester \_\_\_\_\_

Host Institution \_\_\_\_\_ Address \_\_\_\_\_

This student is in good standing at South Carolina State University and has permission to enroll in the course(s) listed below (use exact prefix and numbers as listed in current catalogs):

Host Institution Course No./ Title	Credit Hours	South Carolina State Equivalent Course No./Title	Credit Hours

Credits for a course which a student is not eligible to take will not be accepted for transfer credit at South Carolina State University. **PLEASE READ THE POLICY BELOW CAREFULLY!**

**POLICY:** Credit for work completed at other institutions by regular State University students will not be accepted for transfer if the student has previously been enrolled in an equivalent course in the University. Credit for other courses will be accepted under the following conditions: (1) Each course must be approved in advance by the department chairperson, course content chairperson and registrar. Such approval must be on file in the Registrar’s Office; (2) Each course is passed with a grade of “C” or better for Undergraduate students and “B” or better for Graduate students. **NOTE: Grade points do not transfer, only semester hours.**

**You** are responsible for having an official transcript sent to the Registrar’s Office from the Host College or University. Send an official transcript to the attention of Ophelia Smith, Office of the Registrar, Post Office Box 8104, 300 College Street, Northeast Orangeburg, SC 29117. If you do not attend the Host Institution, you must submit a statement of non-attendance from that institution.

I understand and agree to the terms of the Transient Permission Policy. **Special Note:** Course(s) descriptions must be attached.

\_\_\_\_\_  
Student’s Signature \_\_\_\_\_  
Date

### APPROVAL SECTION

\_\_\_\_\_  
Departmental Chairperson (Required) \_\_\_\_\_  
Date

\_\_\_\_\_  
Course Content Departmental Chairperson (Required) \_\_\_\_\_  
Date

\_\_\_\_\_  
Registrar (Required) \_\_\_\_\_  
Date

**PLEASE MAINTAIN A COPY FOR YOUR RECORDS.**