

Office of the Registrar

2020 East Maple Street North Canton, Ohio 44720-3336

Phone: 330.490.7367 Fax: 330.490.7372 Email: registrar@walsh.edu

TRANSIENT STUDENT AUTHORIZATION FORM

Course(s) must be equivalent to course(s) offered at Walsh University.

Instructions:

- 1. Fill out the student information portion of this form.
- 2. A copy of the course description/(s) is/are required.
- 3. Return to Student Service Center for approval

- Course(s) may not be used to repeat course(s) completed and/or failed at Walsh University.
- All students must take their final 27 semester credit hours through Walsh University.

STUDENT INFOR											
TERM ATTENDING	G AS A TRANSIENT STUDENT 🔲 FALL 🔲	SPRING	□ SUMMER YE	AR 20	INSTITUTION:						
NAME:					_STUDENT ID/SSN:			PH	IONE:		
STREET ADDRESS	S:				_CITY:			ST	ATE:	ZIP:	
SIGNATURE OF STUDENT:EMAIL:							_DATE:				
	By signing this form, I ackno I understand that these cour	wledge that	the General Educat	ion Service Learning a	nd Heritage Series courses	DO NOT tra	nsfer into Walsh Univ	versity.			
A. Co	OURSE(S) AT THE ABOVE INSTITUTION YOU PLAN TO COMPLETE:				BE CONSIDERED AS OSE IN COLUMN A.	AN	C. <u>OF</u>		<u>DNLY:</u> APPROV SE EQUIVALEN		
DEPARTMENT/ CATALOG NO.	COURSE TITLE		DEPARTMENT/ CATALOG NO.	COU	RSE TITLE		DEPARTMENT/ CATALOG NO.		COURSE TITLE		CREDIT HOURS
Transient cours	ses are limited to 15 total hours.										
STUDENT MAY	REGISTER FOR THE ABOVE APPROVED	COURSES	S.								
THIS IS TO CE	RTIFY THAT THE ABOVE-NAMED STUDE	ENT (🖵 IS	S IN GOOD STAI	NDING / 🖵 IS NO	T IN GOOD STANDIN	G) AT WA	LSH UNIVERSITY	AND HAS F	PERMISSION T	O REGISTER	AS A
TRANSIENT S	TUDENT AT (name of college or unive	RSITY) _									
REGISTRAR PE	RSONNEL:		DATE:								
OFFICE USE O	NLY: COMMENTS/REASON FOR DENIAL:										

PINK copy to office of the registrar

YELLOW copy to student

WHITE copy to institution student will attend

DISTRIBUTION: