Student’s Name ____ GSC ID# __________________________

Permanent Address ____

I am requesting permissi on to enroll for: �† summer �† fall �† winter �† spring of 20_____ at:

INSTITUTION:____

ADDRESS:____

FAX: ___________________________________ EMAIL:____

TRANSIENT COURSE(S) GLENVILLE STATE COLLEGE EQUIVALENT

SUBJ CRS Title CR SUBJ CRS Title CR
Ex. MATH 1112 College Algebra 3 Ex. MATH 115 College Algebra 3

By signing this form, I understand and agree to the following:
1. I have met the prerequisites for the GS C equivalent course(s) listed above
2. I have obtained approval to carry extra hours if my total course load for the semester indicated, including course(listed above, exceeds 18 credit hours for fall or sp ring, or 12 credit hours for the summer term
3.