

**FLORIDA
MEMORIAL
UNIVERSITY**
 A PROMISE. A FUTURE.

TRANSIENT PERMIT

DATE: _____

TO: _____

This authorizes _____ ID _____, who is in good standing at Florida Memorial University, with a .minimum cumulative grade point average of a 2.0, to take the following course(s) at your institution during the _____ semester and year:

Transient Course(s)		Florida Memorial Course(s)	
Prefix/Number	Course Title	Prefix/Number	Course Title

TO THE STUDENT:

This Transient Permit form is only valid for the semester and year listed above. After completion of the above courses, you are required to request an official transcript from the above named institution and forward to Registrar's Office at Florida Memorial University.

_____ Advisor	_____ Date
_____ Chairperson	_____ Date
_____ Dean	_____ Date
_____ Provost/Vice President for Academic Affairs	_____ Date

