



Office of the Registrar  
**Transient Permission Form**  
*Graduate Students*

CWID \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

MI \_\_\_\_\_

Initials: \_\_\_\_\_

Completion of this form does not guarantee financial aid. Please visit the Financial Aid office to apply or inquire regarding your status.

Initials: \_\_\_\_\_

Upon Successful completion of the course you must send your official transcript to The Citadel. Please be sure to alert the office of the Registrar *after* your official transcript has been submitted. You may email [registrar@citadel.edu](mailto:registrar@citadel.edu) .

I request to take the following courses at \_\_\_\_\_  
 Name of Accredited College/University \*One School per Sheet, Please\*

\_\_\_\_\_ during the \_\_\_\_\_ of \_\_\_\_\_  
 City and State of College/University Term Year

Course Information from Other College Completed by the Student				Equivalent Citadel Course Information Completed by the Student	
Course ID <i>Ex. ENGL 101</i>	Course Name <i>Ex. Composition &amp; Literature I</i>	Credit Hours	Semester or Quarter Hours	Course ID <i>Ex. ENGL 101</i>	Credit Hours

**Your signature acknowledges that you understand the guidelines and requirements as specified here:**  
<https://www.citadel.edu/root/registrar-approved-college-transfer-credits/registrar-transfer-policy>. Your signature also acknowledges that The Citadel will not accept transfer credits earned while a student is on academic or conduct discharge or while conduct charges are pending.

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Advisor Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Program Coordinator Signature

\_\_\_\_\_  
 Date

**Office Use Only**

The above student is in good standing and has been given permission to take the above courses away from The Citadel.

\_\_\_\_\_  
 Registrar Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Initials