

Transient Student Application for Non-Florida Shine Institutions

Student eligibility requirements for transient approval:

- Complete at least one semester at CFK
- Have a good academic standing with a minimum GPA 2.0 or higher
- Have no registration or financial holds
- Be seeking a degree or certificate at CFK
- Successfully complete applicable CFK course prerequisites for the course(s) requested.
- Request courses that are needed for current program of study, and plan on transferring those courses back to CFK

Instructions:

Step 1- You must establish that the courses you intend to take are offered during the term you will be enrolled as a Transient.

Step 2- See your Academic Advisor to have classes approved and the form signed.

Step 3- Have your Transient Student Form signed and certified by the Associate Dean/Manager of Enrollment Management in the Enrollment Services Office.

Step 4- Submit a copy of the form to The Office of Financial Aid if you will be receiving aid for the term.

Step 5- Send the form to the school you are going to attend. Make a copy of the form for your records.

YOU are responsible for keeping a legible copy of this form.

YOU are responsible for having an official transcript sent to CFK from the transient institution withyour final grade(s) for the semester of attendance to CFK Enrollment Services Office, 5901 College Road, Key West, FL 33040 or admissions@cfk.edu

TRANSIENT STUDENT FORM

HOST INSTITUTION:

This form enables you to transfer credits of pre-approved courses ONE TERM ONLY.

HOME INSTITUTION: The Collegeof the Florida Keys

Instructions:

- 1. The school you will be attending as a Transient Student, known as the host school, then complete and sign Section A.
- 2. Ask your Academic Advisor to complete and sign Section B.
- The Enrollment Services Office of your home school (CFK) must complete Section C.

You are responsible for mailing or hand delivering the original copy to the appropriate office of the host school. (Address listed to the right.)

COMPLETION OF THIS FORM DOES NOT CONSTITUTE REGISTRATION

School Name:		
Address:		
City:		
State:	Zip Code:	

SECTION A: To be completed by student app	olicant. Do not leave any questic	ons bla	ink.		
1. XXX-XX 2 Last 4 of your Social Security Number Legal Full Name			3 Email Addre	SS	
4. Term: 🛛 Fall, 20 🗅 Spring, 20	🖸 Summer, 20	Ę	5. Birthdate	/ Mo. Da	/ iy Yr.
6. Gender: DM DF Not Listed 7. Race:	Nation of Citizenship:				
Ethnicity:	Citizenship Status:				
8. Permanent Address: Number and Street Address					
				_ ()	
	City	State	Zip Code	Area Code	Telephone Number
9. Address during term of attendance as a transient student	: Number and Street Address				
	City	State	Zip Code	_ () Area Code	 Telephone Number
I understand that if I register for courses not approved herein, I assume the full risk of transferability. I also understand that this application is for the one term specified and that a new form with approved courses must be submitted in order to continue my transient status. I also understand that I must provide my home institution with an official transcript from the host institution and authorize the release of such records accordingly. Signature of Student:					
SECTION B: To be completed by Academic A	Advisor.				
The above named student is hereby authorized to take the fol the receipt of an official transcript as per the regulation of The		ed. Trans	fer credit for th	nese courses w	ill be accepted upon
Prefix and Course Hours 1.	Course Title		Н	ome School Eq	uivalent

1	 	
2		
3.		
Signature of Academic Advisor:	Date:	

SECTION C: To be completed by the Enrollment Services Office of the Home School. The above named student is hereby authorized to take the approved listed course(s) during the one term specified. Transfer credit for these courses will be accepted upon the receipt of an official transcript as per the regulation of The College of the Florida Keys. Y IN IN 1. The above named student is regularly enrolled in a degree program and is eligible to re-enroll. Y IN IN 2. This student has a Student Health Form on file indicating she/he has the required Measles and Rubella immunities.

Y I N I 3. This student has the required documentation on file with the parent school to meet the legal classification of:

- Florida Resident
 Non-Florida Resident
- Resident Alien
 Documented Alien

Signature of Executive Director/Manager of Enrollment Management:

Date: