TRANSIENT PERMISSION FORM

Please type or print.

A. TO THE APPLICANT

After completing your name, address and social security number, give this form to your college official.

Student Name _____
First Middle Last Jr., etc.

Address _____
Street City State ZIP

B. TO THE COLLEGE OFFICIAL

_____ is a student in good standing at _____
(Name of Student) (Home Institution)

and has permission to enroll in the following courses at Winthrop University for the semester checked below:

Year _____ ❑ Fall (August-December) ❑ Maymester (3 weeks) ❑ Summer 3 (June - 4 weeks)
❑ Spring (January-May) ❑ Summer 2 (June - 10 weeks) ❑ Summer 4 (July - 4 weeks)

_____
(Course Title) (Course Number) (Semester Hours Credit)

_____
(Course Title) (Course Number) (Semester Hours Credit)

_____
(Course Title) (Course Number) (Semester Hours Credit)

_____
(Course Title) (Course Number) (Semester Hours Credit)

If the student is planning to register for courses numbered above level 299 in the College of Business and Technology, please provide the following information:

Does the student have a cumulative GPR of at least 2.0 on a 4.0 scale? ❑ Yes ❑ No

Does the student have junior status at your school? ❑ Yes ❑ No

(The answer to the questions above must be YES if the student desires to enroll in courses numbered above level 299 in the College of Business Administration.)

NOTE: please submit an official copy of your college transcript if the Winthrop course requires a pre-requisite.

_____ _____
Date Authorizing Official Printed Name

_____ _____
Telephone Number Signature

_____ _____
Title

WINTHROP UNIVERSITY

Office of Admissions • Joynes Hall • Rock Hill, SC 29733
04/26