

www.DaytonaState.edu

Outgoing **Transient Form**

Records Office • Fax: (386) 506-4489

☐ Pick Up OR ☐ Mail to address provided below						Records@DaytonaState.edu
Name or Institution				tudent's Name		
Street Addr	ress					
City, State, Zip Code			S	tudent ID Numbe	er	Telephone Number
	ı is for your infor					
ou will be held responsible for this information.				ransient Term / \	Year	Daytona State Program of Study
. A Transient Form must be completed and approved by the Records Office and, if applicable, the student's bachelor, associate of science/certificate program chairperson before credits will be accepted. Daytona State College is not responsible for the						
acceptance of any credit other than the credits approved by Daytona State College. The student must have successfully completed the appropriate prerequisite(s) for each				ame of Institution	on wher	e course work will be taken
	ourse requested.					
		ient must be applicable to the student's progr se descriptions may be required.	ram of study at			
I. The studen	t receiving Vetera	an's Benefits must obtain approval from the \	eteran's Affairs Office	4.		
	iken as a transier ned at Daytona S	nt will be recorded on the Daytona State Colle tate College.	ge transcript and will b	e computed in the	he GPA	along with the
. It is the stu	dent's responsib	ility to furnish the Office of Admissions with	an official transcript u	pon completion	of appro	oved coursework.
		anding, academically and financially, with a curolled for Daytona State College courses.	umulative Daytona Stat	te GPA of 2.0 or b	oetter. F	irst semester
B. The followi	ng course(s) will	be taken at the above institution:				
Prefix	Course #	Title		Credit Hrs.	(To be	Daytona State Equivalent e completed by Daytona State College)
This request	cannot be proce	ssed without your signature.				
Signature						Date
TO BE COM	IPLETED BY THE	RECORDS OFFICE:				
given perm	ertify that the ab ission to take co al transcript.	ove-named student is in good standing and urse(s) listed above at the institution name	is eligible to re-enroll a d for the specific term	at Daytona State . Credits will be a	College accepte	e. This student has been d for transfer upon receipt
Florida Res	idency Status:	☐ In-State ☐ Out-of-State				
Records Office				Date		
Approval: (Ba	achelor, Associate	of Science / Certificate Programs)				
Program A	Program Advisor (if applicable) Date Program		Program Chairpers	nairperson (if applicable)		Date
Dean (if ap	Dean (if applicable)		Veteran's Affairs (if applicable)			Date

Advanced Technology College 1770 Technology Blvd. Daytona Beach, FL 32117

(386) 506-4100

Daytona Beach Campus Daytona Beach, FL 32114 (386) 506-3000

DeLand Campus DeLand, FL 32724 (386) 785-2000

Deltona Campus Deltona, FL 32725 (386) 789-7302

1200 W. Int'l Speedway Blvd. 1155 County Road 4139 2351 Providence Blvd. 3000 Palm Coast Parkway S.E. Palm Coast, FL 32137 (386) 246-4800

Flagler/Palm Coast Campus New Smyrna Beach-Edgewater Campus 940 10th St. New Smyrna Beach, FL 32137

(386) 423-6300