

## **Transient Form**

Name:				Student ID#:				
Mailing	Address: _	Street or P.O. Box Num		City		State	Zij	
				,			·	,
Major:				Class:	FR	SOPH JR (circle one)	SR	
The follo	owing cour	ses have been approved for t	this student to	be taken a	at:			
Name of Institution				Mailing Address				
during t	he							
	Se	mester	Year					
W	est Virgini	ia University Institute of Tecl	nnology	Con	nparable Cou	ırse at an Approve	d Institution	1
Subject	Course Number	Course Title	Credit Hours	Subject	Course Number	Course Title		Credit Hours
Academic Advisor's Signature				Academic Dean's Signature				
Note:	Students in bachelor degree programs must complete 30 of their last 36 hours in residence at WVUIT.							
	Quality Poi	nts earned at another institution	may not be use	ed to remov	e quality point	t deficiencies incurre	d at WVUIT.	
	to WVUIT's	letion of these courses, I will req Office of the Registrar, West Vir andidate for graduation, an offic	ginia University	Institute o	f Technology, 4	410 Neville Street, Be	eckley, WV 25	5801. If
		ar days after the graduation termate. <b>This is the student's respo</b> n		nent date	A delay in rece	riving your transcript	may impact y	your
Student Signature:				Date:				
This for	m is not va	lid unless it carries the signat	ures of the ap	proving of	ficers and the	e WVUIT impressed	d seal.	
			Seal					
					Signa	ature of the Registi	rar	