TERRA STATE COMMUNITY COLLEGE

Transient/Guest Student Request Form

Part I (to be completed by the student)

Full Legal Name First MI Last Maiden/Former Name

Address Phone (include area code)

City State Zip

Entering term: Fall 20 Spring 20 Summer 20

Social Security Number Email address

Have you previously applied at Terra State? Yes No If yes, year -attended Terra State? Yes ☐ No ☐ If yes, year

Currently enrolled at (home institution) city state Hours completed

Other institutions attended/attending

I certify that the above statements are true. I agree to abide by the regulations of Terra State Community College while I am enrolled. I authorize the release of any records from my home institution which Terra State may require.

Student's Legal Signature Date

I would like to register for the following course(s):

Terra State Course(s) (completed by student)				Home Institution Equivalent (completed by "home institution")			
CRN#	Course	Section	Course Title	Dept	Course #	Hrs	Course Title

Please note that the courses listed above do not guarantee admission to Terra State, course availability, or the transferability to the home institution.

Part II (to be completed by an official at the institution in which the student is currently enrolled, "home institution")

Home Institution

Address Phone

City State Zip

Enrollment Status: Currently enrolled? YES ☐ NO ☐ If NO, date last attended

I certify these statements are true and that the student has the permission of the home institution to enroll in courses at Terra State.

By signing I certify that I have reviewed the students records and the student meets any requirements to enroll in the above courses.

Certifying Officer (Print) Signature of Certifying Officer

Title Email Phone

E-mail to admissions@terra.edu

edited May 2018