



## TRANSIENT PERMIT

DATE: \_\_\_\_\_

TO: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This authorizes \_\_\_\_\_ ID \_\_\_\_\_, who is in good standing at Florida Memorial University, with a minimum cumulative grade point average of a 2.0, to take the following course(s) at your institution during the \_\_\_\_\_ semester and year:

Transient Course(s)		Florida Memorial Course(s)	
Prefix/Number	Course Title	Prefix/Number	Course Title

**TO THE STUDENT:**

This Transient Permit form is only valid for the semester and year listed above. After completion of the above courses, you are required to request an official transcript from the above named institution and forward to the Registrar's Office at Florida Memorial University.

_____	_____
Advisor	Date
_____	_____
Chairperson	Date
_____	_____
Dean	Date
_____	_____
Office of the Provost	Date

Florida  
Memorial  
University  
(Seal)

*Revised 8/2021*