



WARNER UNIVERSITY

# Approval for Alternative Credit or Transient Student

**Instructions:** 1. Return completed form to the Registrar's Office by mail, fax (863)638-2503 or in person for approval.  
2. Deliver signed form to the other college or institution.  
3. Request official transcript/score report to be mailed in a sealed envelope to Warner upon completion.

Name \_\_\_\_\_ Warner ID or SSN # \_\_\_\_\_

Email \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Upon approval would you like to receive your form by: Mail WU Box \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Name of Advisor (required) \_\_\_\_\_

Request for (Check one): Transient Student at another school CLEP exam DSST exam

Course Term (Check one): Spring 20\_\_ Summer20\_\_ Fall 20\_\_ or Exam Date: \_\_\_\_\_

College or Institution where course(s) or exam(s) is being taken:

School Name \_\_\_\_\_ Location \_\_\_\_\_

Do you plan to graduate this term? Yes No If yes, submit an unofficial transcript showing you are registered for this course(s) or official DSST/CLEP score report by the following deadlines: March 1, July 1, or November 1.

Warner University certifies the student named above has good standing and is either currently enrolled or eligible to return. He/she has permission to take the listed courses at your institution and use them toward completing the B.A. program. Credits earned will be accepted by official transcript when the courses are completed.

| Course #<br><small>(ex. MAT 1040)</small> | Course/Exam Title<br><small>(ex. College Algebra)</small> | Credit Hours<br><small>(ex. 3)</small> | Meets the following WU Requirement<br><small>(for completion by dept or Registrar)</small> |
|---|---|--|--|
| _____                                     | _____   | _____                                  | _____  |
| _____                                     | _____   | _____                                  | _____  |
| _____                                     | _____   | _____                                  | _____  |
| _____                                     | _____   | _____                                  | _____  |
| _____                                     | _____   | _____                                  | _____  |
| _____                                     | _____   | _____                                  | _____  |
| _____                                     | _____   | _____                                  | _____  |
| _____                                     | _____   | _____                                  | _____  |

Total credits requested \_\_\_\_\_  
Total credits registered at Warner in same term \_\_\_\_\_  
**Combined total\*** \_\_\_\_\_

\*if total exceeds 18 credit hours, submit an approved Overload Request Form.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Departmental Approval \_\_\_\_\_ Date \_\_\_\_\_

Registrar's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Courses are not approved without Registrar's Signature*

|                      |  |   |
|----------------------|--|---|
| Recv Date/Time _____ | <input type="radio"/> Hold for Dept Approval | Final: <input type="radio"/> Mailed <input type="radio"/> Picked up <input type="radio"/> Faxed Date/Time _____ |
|----------------------|--|---|