

# Transient/Guest Student Form



Upon receipt of this signed form and the completed Transient/Guest Student Application for Admission, you will be notified of your acceptance as a transient/special status student at Mercy College of Ohio.

**This form must be signed below by the Registrar or Academic Advisor at your home institution to verify that you are in good academic standing at a Higher Learning Commission accredited institution or other affiliated accrediting agency.**

<b>STUDENT INFORMATION</b>	
Name: _____	
FIRST NAME	LAST NAME
Social Security Number: _____ Birth Date (MM/DD/YYYY): _____	
Phone Number: _____	
HOME PHONE NUMBER	CELL PHONE NUMBER
Email: _____	

**Information for Students:**

- A faxed copy of this form can be used temporarily until the original arrives.
- Students are responsible for requesting an official transcript of these transient credits to be sent to the Office of the Registrar at their home institution.

**TO BE COMPLETED BY REGISTRAR/ADVISOR**

The above student, currently enrolled at \_\_\_\_\_ has permission to register for the following course/s at Mercy College of Ohio in the following semester and year:

Fall    Spring    Summer   20\_\_\_\_

Mercy College Course Number	Course Title/Section	Day/Time of Course	Course Credit Hours	Home Institution Course Equivalency

Printed Name of Registrar/Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Registrar/Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed form to:** Mercy College of Ohio, ATTN: Admissions, 2221 Madison Avenue, Toledo, OH 43604