



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 # <small>(ex. MAT 1040)</small>	Course/Exam Title <small>(ex. College Algebra)</small>	Credit Hours <small>(ex. 3)</small>	Meets the following WU Requirement <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 _____
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