

TRANSIENT STUDENT FORM

(Student's Full Name)		(Date of Birth)			
he above student is in good standing at					
0	8	(College)			
(Address)	(City)	(State)	(Zip)		

and is hereby given permission to enroll as a transient student at Bevill State Community College for the ______ in the following course(s):

COURSE NO.	TITLE	CREDIT HOURS

Upon successful completion of the course(s) listed above, credit for these course(s) will be accepted in partial fulfillment of degree requirements.

Signature

Date

Title

Telephone Number

PLEASE NOTE THAT A TRANSCRIPT REQUEST FORM MUST BE COMPLETED BEFORE A FINAL TRANSCRIPT WILL BE MAILED. *****************

Please return this completed form to the appropriate address below:

| Office of Student Services |
|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Fayette Campus | Hamilton Campus | Jasper Campus | Sumiton Campus |
| 2631 Temple Ave N | PO Drawer 9 | 1411 Indiana Avenue | Box 800 |
| Fayette, AL 35555 | Hamilton, AL 35555 | Jasper, AL 35501 | Sumiton, AL 35148 |

It is the policy of the Alabama State Board of Education and Bevill State Community College, a postsecondary institution under its control, that no person shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, activity, or employment.