

**THOMAS UNIVERSITY**

1501 MILLPOND ROAD  
THOMASVILLE, GEORGIA 31792  
229-226-1621

**TRANSIENT PERMISSION**

**TO BE COMPLETED BY THE STUDENT: (PLEASE PRINT)**

Student's Name and  
Mailing Address

Name and Address of Institution  
You wish to attend

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Social Security Number: \_\_\_\_\_

**TO BE COMPLETED BY THE ACADEMIC ADVISOR:**

This student has permission to attend \_\_\_\_\_ during \_\_\_\_\_  
QUARTER / SEMESTER AND TRANSFER THE FOLLOWING COURSE (S) back to Thomas University.

Thomas University Course (s) (Completed by the Academic Advisor)	Hours	Transfer Equivalent (s)	Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Successful completion of each course with a "C" (2.0) or better will insure that the student will receive transfer credit at Thomas University. It is the student's responsibility to register for courses which are applicable toward his/her degree. Information concerning specific degree requirements may be obtained from the Thomas University Catalog.

It is the student's responsibility to have official transcripts sent to the Registrar's Office before the above credits can be posted on the student's permanent records.

\_\_\_\_\_  
Academic Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Division Chair

\_\_\_\_\_  
Date

**TO BE COMPLETED BY THE REGISTRAR:**

This certifies that \_\_\_\_\_  
(Student's Name)

- \_\_\_\_\_ is a student in good standing at Thomas University
- \_\_\_\_\_ is not in good standing, but is eligible to return to Thomas University
- \_\_\_\_\_ is not eligible to return to Thomas University, however, Thomas University has no objection to the student attending your institution.

\_\_\_\_\_  
Registrar

\_\_\_\_\_  
Date