



# Transient Student Authorization Form

St. Johns River Community College

5001 St. Johns Avenue  
Palatka, FL 32177  
386-312-4200

283 College Drive  
Orange Park, FL 32065  
904-276-6800

2990 College Drive  
St. Augustine, FL 32084  
904-808-7400

## SECTION A: TO BE COMPLETED BY STUDENT.

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Daytime Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Are you currently receiving Federal Financial Aid?  Yes  No

Will you be graduating from St. Johns River Community College after completing this/these course(s)?  Yes  No

(\*Note: Spring semester only - If you believe you will meet your graduation requirements after you have completed the course(s) and want to participate in the SJRCC Graduation Ceremony, you will need to obtain a letter from each instructor for each course listed below. The letter should state your anticipated final grade, the course name and number, and be typed on that institution's letterhead with the instructor's signature included.)

I understand that if I register for courses not approved on this form, I assume the full risk that they may not transfer back to SJRCC. I also understand that courses that do not apply to my major will not be included in calculating my eligibility for financial aid. Furthermore, I understand that this authorization is only for the term(s) specified below and I must provide an official transcript to SJRCC at the end of the term(s) attended.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION B: TO BE COMPLETED BY COUNSELOR AND REGISTRAR.

The above named student is in good standing at SJRCC. S/he has met the prerequisites, if any, and is eligible to enroll in the following course(s) at \_\_\_\_\_.

Course Code	Hours	Course Title	Applies to current major?
1. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Check term(s):  Fall 20\_\_\_\_  Spring 20\_\_\_\_  Summer 20\_\_\_\_

\_\_\_\_\_  
Counselor's Signature Date

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

Please select one of the following:

I will pick the form up in the Counseling Office on the:

Orange Park Campus

Palatka Campus

St. Augustine Campus

Please mail the form to:

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