



FRANCISCAN
MISSIONARIES OF OUR LADY
UNIVERSITY

Transient Request

Name: _____
Please Print)

SSN: _____ **Date:** _____

Session / Semester: _____

College or University: _____

Required: Attach a course description (from the college or university) for each requested transient

Course(s) # and Title:	FRANU Course Equivalency / Approval
_____	_____ / _____
_____	_____ / _____
_____	_____ / _____
_____	_____ / _____

NOTE: At the conclusion of the term, I understand that it is my responsibility to have an official transcript mailed to Franciscan Missionaries of Our Lady University Registrar's Office. If the transcript is not received, I understand that I may not be eligible to register for future terms or get a copy of my transcript.

Student Signature: _____

The student named above has my approval as an advisor to take the course(s) listed above as a transient student.

Advisor Signature: _____ **Date:** _____

Dean Signature: _____ **Date:** _____

Financial Aid Signature: _____ **Date:** _____

When signed by the Registrar of Franciscan Missionaries of Our Lady University, a copy of this transient student form, with the university seal thereon, will serve in lieu of a letter of permission and good standing.

Registrar Signature: _____ **Date:** _____