



Transient Student Authorization Form

St. Johns River State 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 State 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 SJR State 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 SJR State. 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 SJR State 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 SJR State. 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:

