



Office of Records & Registration

P.O. Box 678
Denmark, SC 29042

TRANSIENT COURSEWORK

Name _____
First Middle Last Maiden

Address _____

City _____ State _____ Zip Code _____

Student ID# _____ Classification _____ GPA _____

Telephone# _____ Cellular# _____ Email Address _____

Transient Institution/ Address _____

REQUEST 1

Course Title/ Course Number _____

Semester Hours _____ Course Dates _____

REQUEST 2

Course Title/ Course Number _____

Semester Hours _____ Course Dates _____

Student Signature _____ **Date** _____

Advisor's Signature _____ **Date** _____

Division Chairperson Signature _____ **Date** _____

Registrar Signature _____ **Date Approved** _____