



Office of the Registrar

GRADUATE TRANSIENT STUDENT PERMISSION FORM
 Equivalencies for Off-Campus Coursework

Student Name:			Student ID:		
Phone:		Campus Mailbox #:		Student email:	
Address:			Off-campus Institution Name, City, State:		
City:	State:	Zip:	Anticipated course completion: / /		

TRANSFER INSTITUTION COURSE INFORMATION				HEIDELBERG UNIVERSITY EQUIVALENT		
Course Title	Dept/Prefix	Course #	Qtr/ Sem Hrs	Dept/Prefix	Course #	Chair or Registrar Signature

Agreement Statements:

1. This form should be processed prior to a student enrolling at another institution to ensure eligibility and course equivalencies. If the course is to meet final graduation requirements, understand deadlines by visiting <http://www.heidelberg.edu/registrar/studentservices/graduation>.
2. Students that are on an academic, student conduct cases, business, etc. hold cannot have courses posted until the hold(s) is rectified.
3. The courses identified above, when approved and meet transfer grade requirements, will transfer as noted. It is the student's responsibility to understand how the courses complete degree requirements.
4. The courses are held to the Transfer Policy as noted in the Graduate University Catalog. All courses must be at a B or higher. Only the hours transfer and not the quality points.
5. Quarter credit hours are converted by dividing the quarter hour by 1.5 = semester hours.
6. Transient form is valid up to one-year of the Registrar's signature.
7. The student will request an official transcript from the off-campus institution once a final grade is earned to complete the transient student process. The transcript is to be mailed directly to:

Heidelberg University
 Office of the Registrar
 310 E. Market St.
 Tiffin, OH 44883

 Student's Signature- Agrees all policies regarding transient/transfer work were reviewed, including degree requirements and all applicable University Policies.

 Date

 Program Director's Signature

 Date

 Registrar's Signature
 Authenticates Accredited Institution

 Date

Declined _____ Date _____

Reason _____

Questions call: 419.448.2090
 Fax form to: 419.448.2122