



THE UNIVERSITY OF AKRON  
 GRADUATE SCHOOL, THE POLSKY BUILDING, ROOM 467 & 469  
 AKRON, OH 44325-2101  
 330-972-7663  
 330-972-6475 FAX

**REQUEST FOR TRANSIENT GRADUATE STUDENT STATUS AT THE UNIVERSITY OF AKRON**

*(Maximum of 10 semester credits allowable)*

*This form must be accompanied by the Graduate School Application and a non-refundable application fee (\$40 domestic/\$60 international). Your graduate dean's signature in Part II will be accepted in lieu of admission tests and official transcript(s) of your record.*

*TRANSIENT status may be given to persons who are regularly enrolled graduate students in good standing at another accredited university. Such status is valid only for the courses and semester specified. Transient students are subject to the same rules and regulations as regularly enrolled students of The University of Akron.*

*Subsequent requests for transient status must follow the same procedure, except that the application fee is only required once.*

**I. To be completed by applicant**

Soc. Sec. No. \_\_\_\_\_ Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

If applicable, when did you last attend The University of Akron? \_\_\_\_\_ Did you attend a Graduate Workshop only?  Yes  No

Enrollment permission requested for:

Semester \_\_\_\_\_ Year \_\_\_\_\_ Department \_\_\_\_\_

<u>Course Number</u>	<u>Title</u>	<u>Graduate Credit Hours</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

**I. To be completed by the Dean of applicant's Graduate School**

This is to certify that the above-named student is in GOOD STANDING in the Graduate School of

\_\_\_\_\_ University

\_\_\_\_\_ Mailing Address

and is pursuing a graduate program in the Department of \_\_\_\_\_

leading to the degree of \_\_\_\_\_ . This student has permission to enroll as a TRANSIENT GRADUATE STUDENT at The University of Akron as requested in Part I.

Date \_\_\_\_\_ Graduate Dean's Signature \_\_\_\_\_

**I. Action by The University of Akron Graduate School**

- Approved
- Denied

Amount/Date Application Fee Paid: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Dean/Associate Dean of the Graduate School \_\_\_\_\_ Date \_\_\_\_\_