Student Information

Last Name	First Name	UA ID Number

Current Major (Plan)	Current College (Program)	Class Level

Telephone Number			UA Email Address		@	

The University of Akron

UNDERGRADUATE TRANSIENT PERMISSION REQUEST

Instructions

1. Read the transient student information located at http://www.uakron.edu/registrar/additional-resources/transient.dot.

2. You are requesting permission to take a specific course. Therefore, when filling out this form, you must provide the exact course name and number of the host institution course.

3. Log into one of the following resources: (1) https://www.uakron.edu/transfer/ted and select the country, state and school OR (2) https://transferology.com (this website requires that you create an account) and enter the school name, term and course you wish to enroll in. If the course shows an equivalent to a UA course, enter the course information on this form.

4. If no equivalency exists, you will need to obtain a course description from the host institutions catalog (or website) and/or a course syllabus and take it to the equivalent UA department for faculty review. Once the faculty member has reviewed the course information and made a decision about its equivalency, he/she will need to fill out and sign the department equivalency information on this form.

5. If you are requesting a waiver of the Final 30 Credits in Residence requirement, you must provide a written rationale and attach it to this form.

6. Contact your academic advisor to schedule an appointment to meet and discuss your transient permission request. Your academic advisor's signature is required on this form.

7. Obtain your college dean's signature. Your academic advisor will provide instructions on how to obtain this.

8. A copy of this approved form must be submitted to the Office of the University Registrar either via email at registrar@uakron.edu or in person at the Zip Assist information counter located in the lobby of Simmons Hall.

9. Retain the original for your records. The host institution may require a copy of the approved form prior to registration.

10. Once the transient course has been completed at the host institution, request that an official transcript be sent to: **Office of the University Registrar, The University of Akron, Akron OH 44325-6208**

Reason for Request (optional)

Conditions of Request (select all that apply) (pursuant to University Rule 3359-60-03.1)

☐ Student is in good academic standing.

☐ Student is not requesting to apply more than 18 credits of transient coursework toward a baccalaureate degree or 9 credits toward an associate degree during the student's academic career at The University of Akron (Education Abroad is excluded).

☐ Student is not requesting to complete transient coursework during the last 30 credits of a baccalaureate degree or 15 credits of an associate degree.   ☐ ****Exception requested to last 30/15 in residence by student's dean (signature required).**

☐ Student understands that an official academic transcript must be sent directly to UA's University Registrar (+6208) from the host institution upon completion of transient coursework.

Conditions Verified. Academic Advisor's Signature	Academic Advisor's Printed Name	Date

Host Institution Information

College/University Name	Quarter/Semester	Regional Accreditation (https://ope.ed.gov/accreditation)

Transient Course Information

	Term	Year

Host Institution Course				UA Direct Course Equivalent			
Subject	Catalog	Title	Credit(s)	Subject	Catalog	Title	Credit(s)
Multiple equivalency course:				Multiple equivalency course:			

Host Institution Course – Mode of Instruction	OR	General Education Equivalent Tier and/or Area	Credit(s)
☐ In-person -or- ☐ On-line			

Existing Equivalency Verified. Academic Advisor's Signature		OR	New Equivalency Authorized. Academic Dept. Chair/Designee's Signature	
Academic Advisor's Printed Name	Date		Academic Department Chair/Designee's Printed Name	Date

Comments

Transient Course Information

	Term	Year

Host Institution Course				UA Direct Course Equivalent			
Subject	Catalog	Title	Credit(s)	Subject	Catalog	Title	Credit(s)
Multiple equivalency course:				Multiple equivalency course:			

Host Institution Course – Mode of Instruction	OR	General Education Equivalent Tier and/or Area	Credit(s)
☐ In-person -or- ☐ On-line			

Existing Equivalency Verified. Academic Advisor's Signature		OR	New Equivalency Authorized. Academic Dept. Chair/Designee's Signature	
Academic Advisor's Printed Name	Date		Academic Department Chair/Designee's Printed Name	Date

Comments

Dean's Authorization   ☐ *Permission Granted*   ☐ *Request Denied*

College of Current Major (Plan)		
Dean's Signature	Dean's Printed Name	Date
Comments	☐ **Exception granted to last 30/15 in residence – Dean's Initials:_____	

20220131

Host Institution Information

College/University Name	Quarter/Semester	Regional Accreditation (https://ope.ed.gov/accreditation)

Transient Course Information

Term	Year

Host Institution Course				UA Direct Course Equivalent			
Subject	Catalog	Title	Credit(s)	Subject	Catalog	Title	Credit(s)
Multiple equivalency course:				Multiple equivalency course:			

Host Institution Course – Mode of Instruction		**OR**	General Education Equivalent Tier and/or Area	Credit(s)
☐ In-person -or- ☐ On-line				

Existing Equivalency Verified. Academic Advisor's Signature		**OR**	New Equivalency Authorized. Academic Dept. Chair/Designee's Signature	
Academic Advisor's Printed Name	Date		Academic Department Chair/Designee's Printed Name	Date

Comments

Transient Course Information

Term	Year

Host Institution Course				UA Direct Course Equivalent			
Subject	Catalog	Title	Credit(s)	Subject	Catalog	Title	Credit(s)
Multiple equivalency course:				Multiple equivalency course:			

Host Institution Course – Mode of Instruction		**OR**	General Education Equivalent Tier and/or Area	Credit(s)
☐ In-person -or- ☐ On-line				

Existing Equivalency Verified. Academic Advisor's Signature		**OR**	New Equivalency Authorized. Academic Dept. Chair/Designee's Signature	
Academic Advisor's Printed Name	Date		Academic Department Chair/Designee's Printed Name	Date

Comments

Dean's Authorization   ☐ *Permission Granted*   ☐ *Request Denied*

College of Current Major (Plan)		
Dean's Signature	Dean's Printed Name	Date
Comments	☐ **Exception granted to last 30/15 in residence – Dean's Initials:_____	

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