



TRANSIENT STUDENT FORM

This form enables you to transfer credits of pre-approved courses with private or out-of-state institutions for **ONE TERM ONLY**.

HOME INSTITUTION: _____
(Enter the name of the institution where you will be earning your degree.)

TRANSIENT ADMISSION INSTRUCTIONS:

- 1) Submit application www.goapplytexas.org (select "Transient – seeking a degree elsewhere" when prompted)
- 2) Submit official transcript from home institution.
- 3) Submit Transient Student Form.

COMPLETION OF THIS FORM DOES NOT CONSTITUTE REGISTRATION

SECTION A: To be completed by the **student**. Do not leave any questions blank.

Semester of Entry: Fall Spring Summer Year 20 _____

Student's Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Telephone: (____) _____ - _____

I understand that if I register for courses not approved herein, I assume the full risk of transferability. I also understand that this application is for the **ONE TERM** specified and that a new form with approved courses must be submitted in order to continue my transient status at Lamar State College Port Arthur. I also understand that I must provide Lamar State College-Port Arthur with an official transcript from my home school, and I authorize the release of such records accordingly.

Signature of Student: _____ **Date:** _____

SECTION B: To be completed by Academic Advisor at your home institution.

COURSE APPROVAL: The above-named student is hereby authorized to take the following courses during the one term specified. Transfer credit for these courses will be acceptable upon the receipt of an official transcript according to the regulations of the home school.

CRN	Subject and Course	Section	Course Title	Home School Equivalent
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____

Signature of Academic Advisor: _____ **Date:** _____

SECTION C: To be completed by the Registrar at the student's home institution.

The above-named student is regularly enrolled in a degree program and is eligible to re-enroll. Yes No
The student has submitted and/or met the requirements of the Bacterial Meningitis immunization. Yes No

Signature of Registrar: _____ **Date:** _____

Return completed forms by mail to: LSCPA Admissions & Records, PO Box 310, Port Arthur, TX 77641
Email to: Registrar@lamarpa.edu | **In Person:** Student Center, 3rd Floor, Room 303