



OUR LADY OF THE LAKE COLLEGE

Franciscan Missionaries of Our Lady Health System

TRANSIENT REQUEST FORM

Our Lady of the Lake Students Seeking Enrollment at another Institution

Name: _____
Please Print

SSN: _____ Date: _____

Session / Semester: _____

College or University: _____

Required: Attach a course description (from the college or university) for each requested transient course.

Course(s) # and Title:	OLOL Course Equivalency	Instructor/Division Approval
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: At the conclusion of the term, I understand that it is my responsibility to have an official transcript mailed to Our Lady of the Lake College's Registrar's Office. If the transcript is not received, I understand that I may not be eligible to register for future terms or get a copy of my transcript.

Student Signature: _____

The student named above has my approval as an advisor to take the course(s) listed above as a transient student.

Advisor Signature: _____ Date: _____

Dean Signature: _____ Date: _____

Financial Aid Representative Signature: _____ Date: _____

When signed by the Registrar of Our Lady of the Lake College, a copy of this transient student form, with the university seal thereon, will serve in lieu of a letter of permission and good standing.

Registrar Signature: _____ Date: _____