

YORK TECHNICAL COLLEGE

452 South Anderson Road
 Rock Hill, South Carolina 29730

TRANSIENT STUDENT AUTHORIZATION

Student Name: _____ **Colleague ID Number:** _____

Host Institution: _____

City: _____ **State:** _____

Term/Year: _____ **Host Institution Calendar System:** Semester/Quarter (circle one)

NOTE: Students are required to meet all Transfer Credit guidelines as published in the current York Technical College *Catalog and Handbook*.

HOST INSTITUTION COURSE	YORK TECHNICAL COLLEGE EQUIVALENT COURSE
Course code: _____ Title: _____ Credit Hours: _____	Course code: _____ Title: _____ Credit Hours: _____
Course code: _____ Title: _____ Credit Hours: _____	Course code: _____ Title: _____ Credit Hours: _____
Course code: _____ Title: _____ Credit Hours: _____	Course code: _____ Title: _____ Credit Hours: _____

Authorized Approval of Host Institution: _____ **Date:** _____

Certification Statement: My signature below authorizes York Technical College to release transient student information to the host college indicated on this form.

Student's Signature _____ **Date:** _____

<i>This section to be completed by Registrar's Office of York Technical College</i>	
Student Program _____	
Student's current academic standing is: ___ Good Standing ___ Academic Warning ___ Academic Probation ___ Academic Suspension	
This student is APPROVED _____ NOT APPROVED _____ to register for the above listed course (s)	
If not approved, state reason(s): _____	
Registrar's Office: _____	_____
Home Institution	Date

Distribution: White: Registrar's Office, Host Institution Yellow: Student Pink: Registrar's Office, Home Institution