

TRANSIENT STUDENT REQUEST FORM

LOCAL ADDRESS					
STUDENT NAME _____			DATE _____		
STREET _____			SOCIAL SECURITY # _____		
CITY, STATE ZIP _____			PHONE NUMBER _____		
HOME ADDRESS					
STUDENT NAME _____			CHECK TERM YOU PLAN TO ATTEND:		
STREET _____			YEAR _____		
CITY, STATE ZIP _____			SUMMER _____ FALL _____		
			WINTER _____ SPRING _____		
INSTITUTION YOU PLAN TO ATTEND _____ BRANCH _____					
INSTITUTION LOCATION _____					
Department	OTHER INSTITUTION Course Number	Credit Hours	Department	MCN EQUIVALENT Course Number	Credit Hours
IMPORTANT STUDENT INFORMATION					
<ol style="list-style-type: none"> 1. Transfer credit will be accepted provided the student earns the grade as stipulated in the <i>College Catalog</i>; reference the Transfer Policy. 2. Transfer credit will not affect the cumulative GPA unless taken at an OSU facility and billed through MCN. 3. Students must submit a schedule of course offerings/course description from the other institution. 4. Following completion of coursework, the student must request that an official transcript be mailed to the Office of the Registrar at MedCentral College of Nursing. 5. Progression can be challenged if the in progress grade is not received by the start of the next sequential course. 					
FOR OFFICE USE					
APPROVED _____			DATE RECEIVED _____		
NOT APPROVED _____			DATE SENT _____		