

CATAWBA COLLEGE
2300 W. Innes Street
Salisbury, NC 28144-2488

Student Name _____ Catawba ID# _____

The above-named student is in good standing and has permission to take the following course(s) as a transient student during the summer _____ semester at _____
year college/university name & address

Course(s) at listed College/ University

Equivalent Course at Catawba College

Registrar's Office Signature _____ Date _____

* Advisor Signature _____ Date _____

* Dept. Signature _____ Date _____

*** SIGNATURES NEEDED if course is part of the major***

*** PLEASE NOTE: UPON COMPLETION OF THE COURSE(S), AN OFFICIAL TRANSCRIPT MUST BE SENT TO: REGISTRAR, CATAWBA COLLEGE**

- If you have completed more than 90 credits, you will need approval through ACPOL before completing this form
<https://catawba.edu/facultystaff/committees/academic-policies-and-standards-committee-acpol/>