**Transient Approval Form**

*BSC Consent Form for Coursework at U.S. Colleges and Universities*

______________________________, __________________ has approval to enroll in the course(s) listed below at ____________________________ (Name of College or University) during __________________, __________.

(Address of College or University) (Term) (Year)

This student is in good academic standing at Birmingham-Southern College.

<table>
<thead>
<tr>
<th>Course</th>
<th>Title or Description</th>
<th>BSC Course Equivalent</th>
<th>Semester or Quarter Hours Circle</th>
<th>Faculty Approval</th>
<th>Department Chair Approval (circle and sign)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>semester</td>
<td>elective</td>
<td>gen. ed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>quarter</td>
<td>major/minor</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>semester</td>
<td>elective</td>
<td>gen. ed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>quarter</td>
<td>major/minor</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>semester</td>
<td>elective</td>
<td>gen. ed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>quarter</td>
<td>major/minor</td>
<td></td>
</tr>
</tbody>
</table>

- COURSES MUST BE APPROVED *IN ADVANCE* TO ENSURE TRANSFER.

- As described in the BSC College Catalog, one BSC unit equals 4 semester hours or 6 quarter hours. Transient courses will be converted from semester or quarter hours into BSC units. For example, a transient course of 3 semester hours will be converted to 0.75 BSC units.

- Acceptance of the above courses for transfer credit by Birmingham-Southern will not alter the need to satisfy residence requirements at the College.

- Birmingham-Southern College courses may not be redeemed at another school.

- Students who have completed more than 15 units may not take courses at a community college.

- After completing the course(s), request a transcript be mailed to Birmingham-Southern College.

SIGNATURE ____________________________________ DATE ____________________

Student

SIGNATURE ____________________________________ DATE ____________________

Advisor

SIGNATURE ____________________________________ DATE ____________________

Provost’s Office

Special notes: __________________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

Return this completed form to the Provost’s Office.