Undergraduate Transient Form
THE UNIVERSITY OF TEXAS AT TYLER
This form must be submitted to the One-Stop (STE 230).

Student ID Number: _______________________ Student Name: _____________________________________________________

Phone Number: _______________________ Date: _____________________ Major: ______________________________

Address: _______________________________________________________________ __________

Enrollment and Graduation Information:
- Indicate which semester this form being completed for. Year: __________ □ Fall □ Spring □ Summer
- How many hours do you plan to take at UT Tyler this semester? Hours: __________
- How many transient hours do you plan to take this semester? Hours: __________
- How many total hours do you plan to take this semester? Hours: __________
- Do you plan to graduate at the end of this semester? Yes □ No □

Student Responsibility and GPA Information:
By signing below, students certify they have read and understand each of the following points.
- A Concurrent Enrollment Agreement must be completed with the UT Tyler Office of Financial Aid, in addition to this form, if any adjustments to your awards through that office are requested in association with your transient enrollments.
- Transfer courses do not calculate into the UT Tyler GPA, and are ineligible for use as part of a Grade Replacement Contract.
- Students must arrange for official transcripts for all coursework listed below to be sent to the UT Tyler Office of Admissions.
- Students applying for graduation must submit official transcripts for all course(s) listed below no later than thirty (30) calendar days following the official degree conferral date. Per policy, failure to do so will result in denial of graduation. Check the Office of the Registrar’s Degree Postings website for specific dates.

Transient Institution: __________________________________________________________________________________________

City: ___________________________________________________________ State:  ______________________________________

Prefix and Number
Ex: MATH 2413

Title
Ex: Calculus I

Credit Hours
Ex: 4 hrs.

ADVISORS:
Initial beside why course is being taken:

□ Core □ Major Requirement □ Other: ________________

□ Core □ Major Requirement □ Other: ________________

□ Core □ Major Requirement □ Other: ________________

□ Core □ Major Requirement □ Other: ________________

OFFICE USE ONLY

□ Approved □ Denied

□ Approved □ Denied

□ Approved □ Denied

□ Approved □ Denied

Start Date: __________  Start Date: __________  Start Date: __________  Start Date: __________

Student’s Signature/PIN ________________________ Date ________________________

Advisor’s Signature ________________________ Date ________________________
(Required for all transient courses)

Athletic Advisor’s Signature ________________________ Date ________________________
(Required for all student athletes with transient courses)

Executive Director for Academic Success ________________________ Date ________________________
(Required for all core requirements)

Chair’s Signature ________________________ Date ________________________
(Required for all major requirements)

Dean’s Signature ________________________ Date ________________________
(Required when total credit hours are greater than 18)

Office of the Registrar Use Only: Student Account ___________ Service Indicator ___________