



Information Registration Center
1 Campus Drive • Monaca, PA 15061
724-480-3500 • fax 724-775-4687

TRANSIENT STUDENT FORM
OFF-CAMPUS COURSE APPROVAL

Complete the boxed area below then submit it to your home institution to be approved. Submit the form to the Information Registration Center at Community College of Beaver County upon Registration for the courses that have been approved.

NAME _____ DATE _____ SS# ____/____/____

NAME OF ADVISOR _____ E-MAIL ADDRESS _____

Course(s) will be taken at Community College of Beaver County for the following year and semester.

_____ FALL _____ SPRING _____ SUMMER

Table with 4 columns: CCBC COURSE NO., COURSE NAME, CREDITS, HOME INSTITUTION COURSE NO. Includes three rows with equals signs in the CREDITS column.

After completing the Course(s) you should complete the official transcript request form attached below. Submit the form to the Information Registration Center located in the Student Services Center #1.

*Faxing or Mailing a request is accepted.

This section to be completed by your home institution

_____ has been granted approval to enroll as a transient student at Community College of Beaver County for the course(s) listed above.

Advisor _____ Date _____

Community College of Beaver County Voucher for Free Transcript

The College transcript is an official record of a student's academic work. An official transcript bears the signature of the Registrar and the Seal of the college.

- 1. Submit a written request.
2. Allow a minimum of three working days.
3. Pay any necessary transcript fee.

In certain circumstances students require immediate access to transcripts. To accommodate this special handling students must

- 1. Submit a written request to the Office of Student Records indicating immediate need.
2. Pay a special handling transcript fee of \$5 per transcript.

The college will release no transcript or other enrollment information if the student owes any financial balance to the school.

(Please Print)

Student Information: Your Name _____ Social Security Number ____/____/____

Street _____ City, _____ State, _____ Zip _____

Phi Theta Kappa Signature _____ Date _____ ID# _____

Mail Transcript To: Name _____ Department _____

Street _____ City, _____ State, _____ Zip _____