

**Slippery Rock University of Pennsylvania
Slippery Rock, PA 16057**

**APPLICATION TO DO TRANSIENT COURSEWORK AT
SLIPPERY ROCK UNIVERSITY**

(This is NOT a course registration form and should only be used by students who are enrolled at other institutions who wish to take coursework at SRU.)

Name _____
(Last) (First) (Middle) (Former)

Address _____
(Street) (City) (State) (Zip)

E-mail Address: _____

County _____ Daytime Telephone Number _____

Date of Birth _____

Where did you earn your undergraduate degree? _____ Year
undergraduate degree received _____

School Granting Approval to take course(s) at Slippery Rock _____

The above named student has permission to enroll in the following courses at Slippery Rock University during the _____ term:
(Semester/Year)

<u>Course Title</u>	<u>Course Number</u>	<u>Semester/Credit Hours</u>

Authorization signature from graduate institution granting approval:

Dean/Advisor's name Title Signature Date

Upon completion and approval of this form, please forward to the Slippery Rock University Graduate Admissions Office (see address below) for approval. At that time, a course registration packet will be sent to you.

Office of Graduate Admissions
Slippery Rock University
Welcome Center
105 North Hall
Slippery Rock, PA 16057
(724) 738-2051