



## Transient Permission Form

Registrar's Office  
 New River Community and Technical College  
 280 University DR, Beaver, WV 25813

*Student must fill out application and registration form with visiting institution.*

Name _____	Student No. _____
Home Address _____	Current Major _____
_____	Current GPA _____
Phone Number _____	Home Campus _____
Cell Phone Number _____	

The above named student requests permission to enroll for the:

Summer I       Summer II       Fall       Spring       Year 20\_\_\_\_\_

Institution Name: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

### Approved Institution Course

### New River Community and Technical College Equivalent course

Course Title and No.	Credit Hours	Course Title and No.	Credit Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Student Signature	_____ Date	_____ Advisor	_____ Date
_____ Technical/ Pre-Professional Dean	_____ Date	_____ Registrar	_____ Date

**Note to student:** Upon completion of these courses, you must request an official transcript be sent to New River at the address above. Transcripts will not automatically be sent for you.

\_\_\_\_\_ Registrar's Office      \_\_\_\_\_ Other Institution      \_\_\_\_\_ Student