

Submit this form via a HelpDesk Ticket at help.fscj.edu for processing. Once approved, an official letter will be emailed to the student's FSCJ email account. Please note, it is the student's responsibility to submit the official letter to the host institution.

STUDENT NAME: _____ **FSCJ STUDENT ID#:** _____

Program of Study: _____

FSCJ Email Address: _____ Student Phone#: _____

Florida Residency Status: In-state: YES NO

Financial Aid Recipient: YES NO Veterans Affairs Recipient: YES NO

Name of University/College you wish to attend: _____

School Address: _____

Term and year courses(s) will be taken: Fall Spring Summer Year: _____

TRANSIENT INSTITUTION COURSE(S)				FSCJ COURSE(S)			
Dept.	Number	Hrs.	Course Title	Dept.	Number	Hrs.	Course Title

Program degree plan was reviewed with an advisor? YES NO

I understand that it is my responsibility to speak with an advisor to select and register for coursework appropriate for my degree/certificate program. Also, I understand that it is my responsibility to send an official transcript to FSCJ after completion of the course(s).

STUDENT'S SIGNATURE _____ **DATE** _____