

**YORK TECHNICAL COLLEGE**

452 South Anderson Road  
 Rock Hill, South Carolina 29730

**TRANSIENT STUDENT AUTHORIZATION**

Student Name: \_\_\_\_\_ Colleague ID Number: \_\_\_\_\_

Host Institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Term/Year: \_\_\_\_\_ Host Institution Calendar System: Semester/Quarter (circle one)

**NOTE:** Students are required to meet all Transfer Credit guidelines as published in the current York Technical College *Catalog and Handbook*.

HOST INSTITUTION COURSE	YORK TECHNICAL COLLEGE EQUIVALENT COURSE
Course code: _____ Title: _____ Credit Hours: _____	Course code: _____ Title: _____ Credit Hours: _____
Course code: _____ Title: _____ Credit Hours: _____	Course code: _____ Title: _____ Credit Hours: _____
Course code: _____ Title: _____ Credit Hours: _____	Course code: _____ Title: _____ Credit Hours: _____

Authorized Approval of Host Institution: \_\_\_\_\_ Date: \_\_\_\_\_

**Certification Statement:** My signature below authorizes York Technical College to release transient student information to the host college indicated on this form.

Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_

<i>This section to be completed by Registrar's Office of York Technical College</i>	
Student Program _____	
Student's current academic standing is: ___ Good Standing ___ Academic Warning ___ Academic Probation ___ Academic Suspension	
This student is APPROVED _____ NOT APPROVED _____ to register for the above listed course (s)	
If not approved, state reason(s): _____	
Registrar's Office: _____	_____
Home Institution	Date

Distribution: White: Registrar's Office, Host Institution Yellow: Student Pink: Registrar's Office, Home Institution