



TRANSIENT ENROLLMENT VERIFICATION
Florida Southern College
OFFICE OF THE REGISTRAR

To be completed and returned within the first 10 days of the course(s). Please return this form via email to registrar@fsouthern.edu.

STUDENT INFORMATION:

Student's Name: _____

Address: _____

City/State/Zip: _____

Birthdate: _____ Email: _____

Cell Phone: _____ SS# (last four): XXX-XX- _____

TRANSIENT INSTITUTION INFORMATION:

School Name: _____

Address: _____

City/State/Zip: _____

ACADEMIC CERTIFICATION (to be completed by school official):

The above listed student is attending course(s) as a transient student at the above listed institution, for the academic period of _____ through _____ (dates). This student is registered for _____ credits for the dates listed above.

Date: _____ Name and Title of School Official: _____

Signature of School Official: _____

Please return form via:

1. Scan to registrar@fsouthern.edu
2. Fax to 863-680-4565
3. Mail to: Registrar's Office, 111 Lake Hollingsworth Drive, Lakeland, FL 33801

For questions, please call our office at (863) 680-4127.