



## Cross Enrollment and Transient Student Forms

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

Student ID: U\_\_\_\_\_

Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

1.) Fill out your form **completely** including the school, semester, and courses to be taken.

2.) Do **Not** fill out the USF equivalency.

3.) Complete the following questions:

What is your major? \_\_\_\_\_

Are you a Premed student? \_\_\_\_\_

Explain below why you are taking these courses at another institution.

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Write below which courses you are taking at USF during the same semester.

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