



**Academic Credentials, A-1020
Transient Form**

Date: _____

To be completed by student:

Social Security #/ID #: _____

Name (print): _____

Prior name(s): _____

Address: _____
(Street) (City, State, Zip)

Phone (daytime only): _____

Student Signature: _____

I am requesting permission to enroll in the course(s) listed below in the _____ semester/year
at _____
name of institution

It is the student's responsibility to request a transcript of the completed course work from the above named institution to be sent to Joliet Junior College.

To be completed by JJC Credentials Analyst:

Transfer course(s) to be taken	JJC Equivalent
1. _____	_____
2. _____	_____
3. _____	_____

Courses with grades of F, W, P will not transfer. If the cumulative grade point average is below 2.00, courses with D grades will also be excluded.

Signature of Credentials Analyst

As of this date, the above named student is in good standing with Joliet Junior College and is eligible to return next semester.

Keith E. Tillman, Registrar

Date

**Joliet Junior College, Records Office, A-1020
1215 Houbolt Road, Joliet, IL 60431
Fax (815) 280-6675**