



TRANSIENT FORM : AUTHORIZATION FOR ATTENDANCE AT ANOTHER INSTITUTION

Student Name _____ Student ID Number _____

Address _____

City/State/Zip _____

Phone _____

FALL/SPRING/SUMMER _____ **at** _____
 (Circle One) Year Institution Name

Please notify the Records Office at 240-500-2239 or records@hagerstowncc.edu regarding any changes to this form. Upon completion of the course(s), Official transcripts should be sent to HCC and credit will be applied to your student record. HCC applies only transfer credit. Grade earned will not factor into the HCC grade point average.

Send Completed Official Transcript to:
Hagerstown Community College, Records Office: 11400 Robinwood Drive, Hagerstown, MD 21742

Course No.	Course Title	Credit Hours	HCC Course No.	Equivalent HCC Course	Credit Hours

 Student Signature Date

 Advisor Name (print) Advisor Signature Date

 Registrar Name (print) Registrar Signature Date