



# GUEST REGISTRATION FORM

This Permission to Transfer form is for students **currently** enrolled at another college or university who wish to take courses at RACC for transfer purposes only. This form must be signed by the Registrar or other designated official at your current college or university. For questions, please contact the Record Office at 610.607.6243. Return completed form to the Records Office, Berks Hall, Room 107, fax to 610.607.6290 or email form to records@racc.edu.

Name: \_\_\_\_\_ RACC ID or SSN#: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

Home Address: \_\_\_\_\_

Current college or university: \_\_\_\_\_

I am requesting permission to take courses at RACC for transfer credit in:

- Summer 20\_\_\_\_
  Fall 20\_\_\_\_
  Winter Interim 20\_\_\_\_
  Spring 20\_\_\_\_

**THE FOLLOWING SECTION IS TO BE COMPLETED BY THE REGISTRAR OR OTHER DESIGNATED OFFICIAL AT THE CURRENT COLLEGE OR UNIVERSITY!**

I affirm that this student is in good standing at \_\_\_\_\_ and has permission to take the following courses at RACC for transfer back to this institution:

RACC COURSE #	# OF CREDITS	DAYS	TIMES	COURSE EQUIVALENT
_____ - _____ - _____	_____	_____	_____	_____
_____ - _____ - _____	_____	_____	_____	_____
_____ - _____ - _____	_____	_____	_____	_____
_____ - _____ - _____	_____	_____	_____	_____
TOTAL CREDITS		_____		

Registrar or authorized official's signature:

Name \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY THE STUDENT:**

**I understand that:**

- I am electing to take the course(s) listed above without taking the required placement test or completing any required prerequisites at RACC.
- The instructor(s) of the course(s) above will not be expected to cover information or skills taught or confirmed through RACC's placement test process or any required prerequisites. I assume responsibility for learning any prerequisite material myself.
- The course(s) above and the grade(s) I earn will become a part of my permanent academic record and I understand that whatever grade(s) I earn in this course(s) may impact my future financial aid eligibility. I am responsible for requesting that an official transcript be sent to my current college or university at the completion of this semester.
- Transient students are not assigned an academic advisor.
- In accordance with the policies of the Board of Trustees, I may be administratively withdrawn from the college and/or forego such benefits as transcripts and diplomas if tuition charges, fees and any other financial obligations are not fulfilled in an agreed upon manner. I acknowledge my financial responsibility even though I may receive financial aid or other educational assistance to discharge this obligation. I agree to pay all costs and charges necessary for the collection of any amount not paid when due. I also agree to pay all attorney's fees and/or legal fees and court costs.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_