

GRADUATE TRANSIENT CERTIFICATION OF GOOD STANDING

Last Name	First Name	M.I.	Term and Year you are ☐ Summer requesting registration: ☐ Fall Year ☐ Spring
Permanent Street Address Former/Maide			Date of Birth
City	State	Zip	() Home Phone Number
F. and Addison			()_
E-mail Address			Cell Phone Number
Name of Institution where	e you earned your Und	ergraduate Degree	Undergraduate Degree
Certification of Go This is to certify that the at our institution and is	e student named belo	w is in good standing	ted by the graduate school you are attending. This student has permission to enroll as a gradua transient student for one term only at Kent State
		degree:	University for the course(s) listed below:
Name of Student		uegree: 	University for the course(s) listed below: ———————————————————————————————————
		degree:	University for the course(s) listed below:
Name of Student Name of Institution City	State	uegree:	University for the course(s) listed below:
Name of Institution City		degree:	University for the course(s) listed below:
Name of Institution City Graduate Degree Progran	n tion to be completed	by Kent State University.	University for the course(s) listed below: Institut Stamp Sea
Name of Institution City Graduate Degree Program Approval Applicant:	n tion to be completed	by Kent State University.	University for the course(s) listed below: Institution Stam Se Signature of Graduate School Dean Date

Return this completed form to:

Division of Graduate Studies, P.O. Box 5190, Kent State University, Kent OH 44242-0001, 330-672-2661, Fax: 330-672-6262