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.
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________

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