



**Hellenic College**  
**Holy Cross Greek Orthodox School of Theology**  
**TRANSIENT ENROLLMENT FORM**

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ I. D. Number: \_\_\_\_\_

Attending:  Hellenic College Major: \_\_\_\_\_  
 Holy Cross Program: \_\_\_\_\_

I request permission to enroll in the following institution:

School: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

It is necessary that this (these) course(s) be taken at the above school because:

\_\_\_\_\_  
 \_\_\_\_\_

Course Number at Host Institution	Course Title at Host Institution	Cr.	Hellenic College or Holy Cross Equivalent	Department Chair Approval

*You are responsible for requesting an official transcript be sent to the Office of the Registrar in order to receive credit for the course(s). No credit will be granted without an official transcript. Credit will be treated as transfer credit: it may not exceed the limit of transferable credits; only grades of "C" or better shall be accepted; grades from transferred courses shall not be calculated in your GPA. If you should request permission to take a course for which there is no department head, you must obtain approval from the chairperson of the Academic Policies and Procedures Committee.*

\_\_\_\_\_  
 Student's Name Date Academic Advisor's Signature Date

Registrar's Office		
Received: _____	Transcript Received: _____	Credit Entered: _____