Potomac State College
West Virginia University

TRANSIENT STUDENT APPLICATION

Name: _____

WVU ID: _____ Current Major: _____

Home Address: _____

_____

Phone Number: _____

The above named student requests permission to enroll for the
☐ Summer ☐ Fall ☐ Spring of 20_____ term at:

Institution Name: _____

Institution address or indicate which campus:_____

Approved Institution		**Potomac State Equivalent**	
Title and No.	Credit Hours	Title and No.	Credit Hours
_____		_____	
_____		_____	
_____		_____	
_____		_____	

_____ _____
Student Signature Date Director of Enrollment Services Date

☐ Retroactive
(Check if course has already been taken)

Statement of Good Standing
The above student named student is in good standing at Potomac State College of West Virginia University.

Note: Upon completion of these courses, you must request an official transcript to be sent to: Potomac State College of WVU, Office of Enrollment Services, 75 Arnold Street, Keyser, WV 26726

Copies to: Accepting/Approved Institution, Potomac State Enrollment Services, and the student