

Office.

Transient Student Form

This is to ve	erify that the fo	ollowing Clevela	nd Institute of A	Art student	
(Name)			(Da	(Date of birth),	
may registe	er as a transien	t student at the	following host	college:	
, for the following term:					
Fall 20	Spring 20	Summer 20_	to com	plete the follow	ving coursework:
SUBJECT	COURSE NUMBER	COURSE TITLE		CREDITS HOURS	CIA Registrar Only: Transfer Equivalency
ENG	1010	SAMPLE CLASS		3	WR 101
	or greater. This	•		•	student earns a for the host college
Signature of Registrar's Office Official Title					Date
	•		•		d Institute of Art upon ies to the Registrar's

Cleveland Institute of Art, 11610 Euclid Avenue, Cleveland, OH 44106

Registrar@cia.edu