



Fort Valley State University

Office of the Registrar

A State and Land-Grant University
University System of Georgia

1005 State University Drive · Fort Valley, Georgia 31030-4313

INCOMING TRANSIENT DATA FORM

PLEASE PRINT OR TYPE

HOME INSTITUTION:	LAST NAME :	
OFFICE:	FIRSTNAME:	MI:
ADDRESS:	SOCIAL SECURITY NUMBER:	
CITY:	ADDRESS:	
STATE:	CITY;	STATE:
ZIP:	ZIP:	COUNTY:

CHECK THE APPROPRIATE TERM YOU WISH TO BECOME A TRANSIENT:

FALL _____ SPRING _____ SUMMER _____

MARITAL STATUS:

SINGLE MARRIED DIVORCED SÉPARATED

DATE OF BIRTH ____ / ____ / ____

VETERAN STATUS: _____

HOME TELEPHONE NUMBER. () _____ - _____

RACE:

BLACK WHITE HISPANIC NATIVE AMERICAN OTHER

SEX:

MALE FEMALE

IN CASE OF EMERGENCY NOTIFY:

NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER: () _____ - _____

HAVE YOU EVER BEEN A TRANSIENT STUDENT AT FORT VALLEY STATE UNIVERSITY BEFORE?

YES NO

REMEMBER: A LETTER OF GOOD STANDING FROM THE REGISTRAR OF YOUR HOME INSTITUTION M_U_S_T SUBMITTED TO SHOW THAT YOU ARE ELIGIBLE TO ATTEND FORT VALLEY STATE UNIVERSITY. YOU MUST ALSO SUBMIT A COPY OF YOUR IMMUNIZATION RECORD APPLICABLE TO MMR (MEASLES, MUMPS, AND RUBELLA).

SOON AFTER WE RECEIVE THIS INFORMATION, WE WILL NOTIFY YOU AT THE ABOVE ADDRESS **OF** YOUR ADMISSION AND PROVIDE SOME DETAILS REGARDING ENROLLMENT ACTIVITIES.