

Transient Student Permission Waiver



As a potential transient student taking a course(s) at Lorain County Community College, I have confirmed the transferability of the course(s) for which I plan to register with my home institution. I have also confirmed the course(s) applicability to my degree program with my home institution counselor, advisor or dean.

(Name) Last First Middle Initial LCCC Student Number (if applicable)

Signature Date