

Eastern Gateway Community College

4000 Sunset Boulevard, Steubenville, OH 43952

Transient Application NON-FINANCIAL AID STUDENTS



EASTERN
GATEWAY
COMMUNITY
COLLEGE

Please print.

Name _____ Student ID _____

Address _____
Street City State Zip

Phone Number _____

Primary Major _____

Secondary Major _____

Transient Institution _____

Address _____

The above named student requests permission to enroll for _____
Term Year

Approved Institution
(completed by student)

Eastern Gateway Community College
(completed by Transfer Coordinator)

Title & No.	Credit Hours
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Title & No.	Credit Hours
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I agree that, upon completion of stated course(s), I will request that an official transcript be sent to Eastern Gateway Community College.

Student Signature _____ Date _____

Transfer Coordinator _____ Date _____