

PRAIRIE VIEW A&M UNIVERSITY

A Member of the Texas A&M University System

936-261-1000

936-261-1079 Fax

P. O. Box 519, Mail Stop 1009

Prairie View, Texas 77446

TRANSIENT STUDENT AFFIDAVIT

Transient student must complete and sign this Affidavit attesting to their status and intent to return to their "Home" institution the following session/semester in order to be cleared to register and to be allowed to enroll without taking the TASP (TEC 51.306-0).

Please complete the following information:

Student's Full Name _____

Social Security Number: _____ - _____ - _____

Transient Session/Semester at PVAMU:

200__ Year Spring Summer I Summer II Fall

Name of Home Institution: _____

Please read and sign:

I fully understand as a Transient student enrolled at Prairie View A&M University, that it is my responsibility to confirm my Home institution's acceptable transfer requirements. I'm allowed **ONLY ONE FULL SEMESTER** of enrollment at PVAMU, then I must return to my Home institution.

I understand to continue enrollment at PVAMU, I must obtain all required admissions documents for a Transfer student.

Student's Signature

Date