



THE UNIVERSITY OF
SOUTHERN MISSISSIPPI

OFFICE OF THE UNIVERSITY REGISTRAR

REQUEST FOR TRANSIENT LETTER

*NOTE: All letters will include: Name, Social Security Number, Major,
Dates of Enrollment, Full-time or Part-time status.*

LETTERS CANNOT BE FAXED DUE TO FEDERAL PRIVACY LAWS.

NAME: _____ **STUDENT ID NUMBER** _____

PLEASE PRINT

***REQUIRED NAME OF INSTITUTION IN WHICH YOU ARE WANTING TO TAKE CLASSES :**

***REQUIRED SEMESTER YOU'RE WANTING TO TAKE CLASSES:** _____

POSTAL ADDRESS OF TRANSFER INSTITUTION:

*REGISTRAR'S OFFICE WILL SEND TRANSIENT LETTER DIRECTLY
TO TRANSFER INSTITUTION.*

OR

EMAIL ADDRESS OF TRANSFER INSTITUTION

*REGISTRAR'S OFFICE WILL EMAIL TRANSIENT LETTER DIRECTLY
TO TRANSFER INSTITUTION AND COPY YOUR SOUTHERN MISS EMAIL.*

NAME OF THE COURSE(S) AT SOUTHERN MISS THAT YOU'RE WANTING TO COMPLETE AT TRANSFER INSTITUTION:

REGISTRAR'S OFFICE WILL BE RESPONSIBLE FOR FINDING COURSE EQUIVALENCY AT TRANSFER INSTITUTION SO THAT YOU'LL KNOW WHAT COURSE TO TAKE THERE.

EXAMPLE: MAT 101	COLLEGE ALGEBRA

SIGNATURE

DATE

Please return your form by any method below:

Postal Mail:

Email:

Fax:

The University of Southern Mississippi
Office of the University Registrar
118 College Drive #5006
Hattiesburg, MS 39406

registrar@usm.edu

(601) 266-5816

REGISTRAR OFFICE PERSONNEL ONLY

PROCESSED BY: _____

DATE: _____