

Guest Application Advising

Date: _____

1. Where are you planning to be a guest student?

2. Which course(s) are you interested in taking, and what is its SVSU equivalent?

Guest course _____ SVSU equivalent _____

Guest course _____ SVSU equivalent _____

3. Why are you taking this course as a guest student? _____

4. How many SVSU credits are you taking this semester? _____

You must provide:

- 1. **Proof of registration as soon as possible to an International Student Advisor**
- 2. **An official transcript to the Registrar at the end of the semester to receive credit**
- 3. **Proof you completed the course to an International Student Advisor at the end of the semester if the guest courses counted towards your required 12 credits.**

Student ID: _____ Student Name _____

Student Signature: _____

International Student Advisor Signature: _____

Dean 's Office Signature: _____ **EQUIVALENCY APPROVED** **EQUIVALENCY DENIED**

For accurate transfer equivalency, the Dean's Office must sign off on request