

# TRANSIENT PERMISSION FORM



University of South Carolina Aiken  
Admissions Office  
471 University Parkway  
Aiken, South Carolina 29801  
Telephone (803) 641-3366

Name (print): \_\_\_\_\_  
(Legal Last Name) (Legal First Name) (Middle) (Preferred Name)

a student at \_\_\_\_\_, requests permission to take courses

listed below in the SRESFS Cybersecurity Program at the University of South Carolina Aiken (USCA) and South Carolina State University (SCSU) in Summer Session, 2023.

## COURSE(S) DESIRED:

1. CSM 288 Fundamentals of Digital/Computer Forensics (3) (SCSU)
2. CSCI 255 Introductin to Cybersecurity (3) (USCA)
3. CSCI 285 Introduction to Cryptography (3) (USCA)
4. CSM 389 Introduction to Legal and Ethical Issues in Cybersecurity (3) (SCSU)
5. \_\_\_\_\_

The student named above is in good standing at our institution and has my permission to attend South Carolina State University and the University of South Carolina Aiken. Academic credit may be transferred to \_\_\_\_\_.

Home Institution

Signature of Authorized Official

Date Approved

Name of College

City and State

*The University of South Carolina does not discriminate in educational or employment opportunities or decisions for qualified persons on the basis of race, color, religion, sex, national origin, age, disability, sexual orientation, or veteran status.*