



## Advanced Standing Request Form

Student Name \_\_\_\_\_

- I am requesting Advanced Standing for the courses below at The Florida School of Traditional Midwifery, as allowed per Florida Statute 467.009.
- I understand that my course request will be assessed and that a \$25/credit assessed will be charged.
- I understand that Advanced Standing Fees are non-refundable.
- I understand that no Advanced Standing requests may be made after signing my enrollment contract.
- I understand that I must supply the originating college name and course code number below, in addition to copies of all official transcripts and supporting documentation (such as syllabi) if requested.
- Please refer to the FSTM catalog for the FSTM course codes and names.
- I understand Advanced Standing may reduce my course load to less than half-time, which may impact my Financial Aid Award.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### Originating College

Course Code \_\_\_\_\_ Course Name \_\_\_\_\_ Credits \_\_\_\_\_

Course Code \_\_\_\_\_ Course Name \_\_\_\_\_ Credits \_\_\_\_\_

Course Code \_\_\_\_\_ Course Name \_\_\_\_\_ Credits \_\_\_\_\_

Course Code \_\_\_\_\_ Course Name \_\_\_\_\_ Credits \_\_\_\_\_

### Florida School of Traditional Midwifery

Course Code \_\_\_\_\_ Course Name \_\_\_\_\_ Credits \_\_\_\_\_

Course Code \_\_\_\_\_ Course Name \_\_\_\_\_ Credits \_\_\_\_\_

Course Code \_\_\_\_\_ Course Name \_\_\_\_\_ Credits \_\_\_\_\_

Course Code \_\_\_\_\_ Course Name \_\_\_\_\_ Credits \_\_\_\_\_

**Notes (Official Use Only):**

  
  
  

FSTM Signature \_\_\_\_\_ Date \_\_\_\_\_