Reset Form

INTER-INSTITUTIONAL APPROVAL FORM

(FOR STUDENTS TAKING COURSES ON ANOTHER CAMPUS)

Home Institution:
☐ Duke University ☐ UNC – Chapel Hill
☐ NC Central University ☐ UNC – Charlotte
☐ NC State University ☐ UNC – Greensboro

Visited Institution:
☐ Duke University ☐ UNC – Chapel Hill
☐ NC Central University ☐ UNC – Charlotte
☐ NC State University ☐ UNC – Greensboro

Classification:
☐ Graduate / Professional ☐ Undergraduate

Department / College_____

_____ _____
Last name First name Middle initial or name Student ID number

CURRENT LOCAL ADDRESS (please print clearly)

_____
Street address, RFD or PO Box number Apartment Telephone

_____
City State Zip Email address

PERMANENT MAILING ADDRESS (where you will be receiving registration materials)

_____
Street address, RFD or PO Box number City State Zip County Country (if not US resident)

What is your legal residence? County_____ State_____ Country_____

CITIZENSHIP: ☐ US citizen ☐ Nonresident alien ☐ Resident alien DATE OF BIRTH:_____

SEX: ☐ Male ☐ Female PLACE OF BIRTH: _____

APPLICANT'S ETHNIC GROUP: Ethnic identification is required by the Office of Civil Rights of the Department of Health Education and Welfare to assure compliance with the Civil Rights Act. Ethnic origin is not a factor in admission; all applications are considered without reference to sex, creed, or race.

☐ African-American (*not* of Hispanic origin) ☐ American Indian or Alaskan Native ☐ Asian or Pacific Islander
☐ Hispanic ☐ White (*not* of Hispanic origin) ☐ Other / Foreign

Have you ever attended the visited institution: ☐ No ☐ Yes If "Yes," last term attended _____

Term you desire to attend: Fall_____ Year Spring_____ Year Summer 1_____ Year Summer 2_____ Year Are you graduating this term? Yes ☐ No ☐

Number of hours for which you will be enrolled for the above semester: Home institution _____ Visited institution_____
COURSE(S) TO BE TAKEN ON VISITED CAMPUS (please consult the visited institution's schedule of classes to correctly fill out this section):
NOTE: Courses cannot be taken on a pass/fail or no-credit basis.

Subject Abbr.	Course No.	Section	Title	Cr. Hrs.	Hour / Days	Visited Inst. Approval (if required) or attach documentation

By signing and dating this form, I consent to the sharing of all my educational records (FERPA-protected information) among the home and host institutions.

_____
Approval of Academic Advisor Date

_____
Approval of College Dean Date

_____ _____
Student's signature Date Approval of Home institution registrar Date

Registration Office – **Home Institution** Use Only	Registration Office – **Visited Institution** Use Only
Sent completed inter-institutional form to visited institution by: ___US Mail / State courier ___Fax ___Student Date_____	Visiting student registered on _____ Visiting student not registered because _____ _____
Student dropped course - Visited institution notified on _____	Sent confirmation / rejection notice by: ___US Mail ___Email ___Student Date_____ Received drop notice _____