

COOPERATING RALEIGH COLLEGES APPROVAL FORM

HOME INSTITUTION: _____

INSTITUTION TO BE VISITED: _____

Student ID number _____

Mr.

Ms.

Last name

First name

Middle (Maiden name for married person)

Current Mailing Address

House, Box, or Route Number and Street Name

City

State

Zip

County (Country if not a U.S. Resident)

Telephone Number

Permanent Mailing Address

House, Box, or Route Number and Street Name

City

State

Zip

County (Country if not a U.S. Resident)

Telephone Number

E-mail Address: _____

SEX: Male Female

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.

White (Not Hispanic Origin) American Indian or Alaskan Native Black (Not Hispanic Origin)

Asian or Pacific Islander Hispanic

Date of birth: _____ Place of birth: _____

What is your legal residence? County _____ State _____ Country _____

CITIZENSHIP: US Citizen Non-Resident Alien Resident Alien

Are you attending, or have you attended the institution to be visited _____ Date last attended _____

Date you desire to attend: Fall 20____ Spring 20____ Are you graduating this term? Yes No

Number of hours for which you will be enrolled for above semester: Home Institution _____
Institution to be visited _____

CLASSIFICATION: Undergraduate Graduate

COURSES TO BE TAKEN ON VISITED CAMPUS:

Dept. Abbrev.	Course Number	Section	Title	Credit	Hour and Day

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

Signature of Student Date

Approval of Registration Office - Visited Institution Date

Approval of Faculty Advisor - Home Institution

Approval of School Dean - Home Institution

Approval of Registration Office - Home Institution

Date

Date

Date

Approval of Department Head (Meredith Students Only) Date

Approval of Division Chair (Peace Students Only) Date

*Return signed form to the Registrar's Office of your home institution.

FOR OFFICE USE ONLY

NAME
Last First Middle

Registration Office - Home Institution USE ONLY
Sent completed Interinstitutional form to visited institution by:
US Mail _____ Fax _____ Student _____
Date _____
Student dropped course- _____
Visited institution notified on _____