

INTER-INSTITUTIONAL APPROVAL FORM

(FOR STUDENTS TAKING COURSES ON ANOTHER CAMPUS)

Home Institution:

- | | |
|--|--|
| <input type="checkbox"/> Duke University | <input type="checkbox"/> UNC – Chapel Hill |
| <input type="checkbox"/> NC Central University | <input type="checkbox"/> UNC – Charlotte |
| <input type="checkbox"/> NC State University | <input type="checkbox"/> UNC – Greensboro |

Visited Institution:

- | | |
|--|--|
| <input type="checkbox"/> Duke University | <input type="checkbox"/> UNC – Chapel Hill |
| <input type="checkbox"/> NC Central University | <input type="checkbox"/> UNC – Charlotte |
| <input type="checkbox"/> NC State University | <input type="checkbox"/> UNC – Greensboro |

Classification:

- Graduate / Professional Undergraduate

Department / College _____

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

- | | | |
|--|---|--|
| <input type="checkbox"/> African-American (<i>not</i> of Hispanic origin) | <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> White (<i>not</i> of Hispanic origin) | <input type="checkbox"/> Other / Foreign |

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

Term you desire to attend: Fall _____ Spring _____ Summer 1 _____ Summer 2 _____ Are you graduating this term? Yes No
Year Year Year Year

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

<p>Registration Office – Home Institution Use Only</p> <p>Sent completed inter-institutional form to visited institution by: ___ US Mail / State courier ___ Fax ___ Student Date _____</p> <p>Student dropped course - Visited institution notified on _____</p>	<p>Registration Office – Visited Institution Use Only</p> <p>Visiting student registered on _____</p> <p>Visiting student not registered because _____</p> <p>Sent confirmation / rejection notice by: ___ US Mail ___ Email ___ Student Date _____</p> <p>Received drop notice _____</p>
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