

Interinstitutional 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

Host 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 name or initial
Student ID number

CURRENT LOCAL ADDRESS

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

CITIZENSHIP: US Citizen Nonresident alien Resident alien DATE OF BIRTH (xx/xx/xxxx) : _____

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 _____ Spring _____ Summer I _____ Summer II _____ 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 _____ Host 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 audit basis.

Subject Abbr.	Course No.	Section	Title	Cr. Hrs.	Hour/Days	Host Instructor 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. I also agree to abide by the student code of conduct at the host institution.

Approval of Dept/Academic Advisor _____ Date _____

Approval of College Dean _____ Date _____

Student's signature _____ Date _____

Approval of Home Institution Registrar _____ Date _____

<p style="text-align: center;">Registration Office - Home Institution Use Only</p> <p>Sent completed interinstitutional form to visited institution by: _____</p> <p><input type="checkbox"/> US Mail / State courier <input type="checkbox"/> Fax <input type="checkbox"/> Student Date _____</p> <p>Student dropped course - _____</p> <p>Visited institution notified (date) _____</p>	<p style="text-align: center;">Registration Office - Host Institution Use Only</p> <p>Visiting student registered on _____</p> <p>Visiting student not registered because _____</p> <hr/> <p>Sent confirmation / rejection notice by: _____</p> <p><input type="checkbox"/> US Mail <input type="checkbox"/> Email <input type="checkbox"/> Student Date _____</p> <p>Received drop notice _____</p>
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