UNC GREENSBORO

Undergraduate Admissions
PO Box 26170
Greensboro, NC 27402-6170
Phone: 336.334.5243 Fax: 336.334.4180

Visiting Student Permission Form

To Be Completed by the Student:
Students applying as visiting students are required to submit this form. Please print form to complete.
Please print your name, and address below.

Name _____Date of Birth: _____
First Middle Last
E-Mail: _____ Phone Number: _____

Address _____
Street City State Zip

You must have your appropriate school/college/university official to complete the information below:

Visiting Students Only:
This section is to be completed by the College/University for courses to be transferred back to your home institution.

The above-name student has permission to take courses at UNC Greensboro

College /University Name: _____

Date of Attendance _____

Printed Name of Representative: _____Phone Number_____

Signature of Institution Representative: _____Date_____

Please note that you will be limited to 21 hours of course work as a visiting student per academic career.

High School Visiting Students Only: Fall & Spring Semesters Only
This section is to be completed by the School and Parents if student is currently attending High School.

The above-named student has permission to take courses at UNC Greensboro.

Name of High School: _____

Printed Name of Parent _____

Parent Signature: _____ Date: _____

Printed Name of Administrator _____Phone Number_____

High School Administrator Signature: _____ Date _____