

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		Phone Number:
		Street C	City State Zip	· · · · · · · · · · · · · · · · · · ·
You must ha	ve your appro	opriate school/c	ollege/unive	rsity official to complete the information below:
Visiting Stud This section institution.	•	leted by the Col	llege/Univer	sity for courses to be transferred back to your home
The above-na	ame student ha	s permission to t	take courses	at UNC Greensboro
College /Uni	versity Name:			
Date of Atter	idance			
Printed Name of Representative:				Phone Number
Signature of Institution Representative:				Date
Please note t	that you will b	e limited to 21	hours of cou	rse work as a visiting student per academic career.
This section	is to be compl		lool and Par	emesters Only ents if student is currently attending High School. at UNC Greensboro.
Name of Hig	h School:			
Printed Name	e of Parent			
Parent Signat	ture:			Date:
Printed Name	Printed Name of Administrator			Phone Number
High School Administrator Signature:				