

Joint Degree Program in Biomedical Engineering Inter-Institutional Approval Form



North Carolina State University



The University of North Carolina at Chapel Hill

Home Institution:

- NC State
 UNC-CH

Visited Institution:

- NC State
 UNC-CH

Degree:

- Master of Science
 Doctor of Philosophy

Student Information:

Last Name _____ First Name _____ Middle Name or Initial _____

UNC PID # _____

NCSU PID # _____

Has the student ever attended the visited institution? No Yes If 'Yes', last term attended: _____

Term student desires to attend visited institution: Year: _____

_____ Fall _____ Spring _____ Summer I _____ Summer II

Will the student be graduating this term? No Yes

Number of hours for which student will be enrolled for the above semester: Home Inst: _____ Visited Inst: _____

Please list Courses to be taken on Visited campus

Subject Abbr.	Course No.	Course Section	Title	Credit Hours

Please note: Students will need to follow all registration deadlines, policies, and procedures of the 'Home' institution.

**Graduate Coordinator Approval, Joint Biomedical Engineering Department
at the University of North Carolina at Chapel Hill***

***The Graduate Coordinator at UNC-Chapel Hill approves all forms for both campuses.**

Registration Office – Home Institution Use Only	Registration Office – Visited Institution Use Only
Sent completed inter-institutional form to visited institution by:	Visiting student registered on (date): _____
<input type="checkbox"/> US Mail / State Courier <input type="checkbox"/> Fax <input type="checkbox"/> Student Date: _____	Visiting student not registered because: _____
Student dropped course – Visited institution notified:	_____
Date: _____	Sent Confirmation / Rejection notice by:
Notified by: _____	<input type="checkbox"/> US Mail <input type="checkbox"/> Email <input type="checkbox"/> Student Date: _____
	Received drop notice _____