

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 <i>(where you will be receiving registration materials)</i>						
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 (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

Signature Certification *By checking this box I acknowledge that I am legally signing this document.

I understand that this is legally binding the same as a conventional signature* In place of your signature, please type your full legal name in the appropriate space. By e-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.

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Student's signature _____ Date _____

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Approval of Dept/Academic Advisor _____ Date _____

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Approval of College Dean _____ Date _____

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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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***Return signed form to the Registrar's office of your home institution**