

INTER-INSTITUTIONAL 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

Visited 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 initial or name _____ Student ID number _____

CURRENT LOCAL ADDRESS (please print clearly)

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) _____

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

CITIZENSHIP: US citizen Nonresident alien Resident alien DATE OF BIRTH: _____

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 1 _____ Summer 2 _____ 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 _____ Visited 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 no-credit basis.

Subject Abbr.	Course No.	Section	Title	Cr. Hrs.	Hour / Days	Visited Inst. 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.

Approval of Academic Advisor _____ Date _____

Approval of College Dean _____ Date _____

X

Student's signature _____ Date _____

Approval of Home institution registrar _____ Date _____

Registration Office – Home Institution Use Only	Registration Office – Visited Institution Use Only
Sent completed inter-institutional form to visited institution by: ___ US Mail / State courier ___ Fax ___ Student Date _____	Visiting student registered on _____ Visiting student not registered because _____
Student dropped course - Visited institution notified on _____	Sent confirmation / rejection notice by: ___ US Mail ___ Email ___ Student Date _____ Received drop notice _____