

Interinstitutional Approval Form

(FOR STUDENTS TAKING COURSES ON ANOTHER CAMPUS)

Home Institution:

- | | |
|--|--|
| <input type="checkbox"/> Duke University | <input type="checkbox"/> UNC - Chapel Hill |
| <input type="checkbox"/> NC Central University | <input type="checkbox"/> UNC - Charlotte |
| <input type="checkbox"/> NC State University | <input type="checkbox"/> UNC - Greensboro |

Host Institution:

- | | |
|--|--|
| <input type="checkbox"/> Duke University | <input type="checkbox"/> UNC - Chapel Hill |
| <input type="checkbox"/> NC Central University | <input type="checkbox"/> UNC - Charlotte |
| <input type="checkbox"/> NC State University | <input type="checkbox"/> UNC - Greensboro |

Classification:

- | | |
|--|--|
| <input type="checkbox"/> Graduate / Professional | <input type="checkbox"/> Undergraduate |
|--|--|

Department / College: _____

Last name	First name	Middle name or initial	Student ID number
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CURRENT LOCAL ADDRESS

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)
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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.

- | | | |
|--|--|--|
| <input type="checkbox"/> African-American (not of Hispanic origin) | <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> White (not of Hispanic origin) | <input type="checkbox"/> 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.

Student's signature _____ Date _____

*	_____
Approval of Dept/Academic Advisor	Date
*	_____
Approval of College Dean	Date
*	_____
Approval of Home Institution Registrar	Date

Registration Office - Home Institution Use Only Sent completed interinstitutional form to visited institution by: <input type="checkbox"/> US Mail / State courier <input type="checkbox"/> Fax <input type="checkbox"/> Student Date _____ Student dropped course - _____ Visited institution notified (date) _____	Registration Office - Host Institution Use Only Visiting student registered on _____ Visiting student not registered because _____ Sent confirmation / rejection notice by: <input type="checkbox"/> US Mail <input type="checkbox"/> Email <input type="checkbox"/> Student Date _____ Received drop notice _____
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***Return signed form to the Registrar's office of your home institution**