

COOPERATING RALEIGH COLLEGES APPROVAL FORM

HOME INSTITUTION: _____

INSTITUTION TO BE VISITED: _____

Student ID number _____

Mr.
 Ms. _____
 Last name First name Middle (Maiden name for married person)

Current Mailing Address

House, Box, or Route Number and Street Name City

State Zip County (Country if not a U.S. Resident) Telephone Number

Permanent Mailing Address

House, Box, or Route Number and Street Name City

State Zip County (Country if not a U.S. Resident) Telephone Number E-mail Address: _____

SEX: Male Female

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.

___ White (Not Hispanic Origin) ___ American Indian or Alaskan native ___ Black (Not Hispanic Origin) ___ Asian/Pacific Islander ___ Hispanic

Date of birth: _____ Place of birth: _____

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

CITIZENSHIP: US Citizen Non-Resident Alien Resident Alien

Are you attending, or have you attended the institution to be visited _____ Date last attended _____

Date you desire to attend: Fall 20____ Spring 20____ Are you graduating this term? Yes No

Number of hours for which you will be enrolled for above semester: _____ Home Institution _____
 Institution to be visited _____

CLASSIFICATION: Undergraduate Graduate

COURSES TO BE TAKEN ON VISITED CAMPUS:

Dept. Abbrev.	Course Number	Section	Title	Credit	Hour and Day

By signing and dating this form, I consent to the sharing of all my education records (FERPA-protected information) among the home and host institutions.

Signature of Student _____ Date _____

Approval of Registration Office - Visited Institution _____ Date _____

Approval of Faculty Advisor - Home Institution
(Pre-requisites have been verified.)

Approval of School Dean - Home Institution

Approval of Registration Office - Home Institution

Date _____ Date _____

Date _____

Approval of Department Head
 (Meredith Students Only) _____ Date _____

Approval of Division Chair
 (William Peace Students Only) _____ Date _____

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