

# INTER-INSTITUTIONAL APPROVAL FORM

( FOR STUDENTS TAKING COURSES ON ANOTHER CAMPUS)

**Home Institution:**

- Duke University  
 N.C. Central University  
 N.C. State University

- U.N.C.- Chapel Hill  
 U.N.C.- Charlotte  
 U.N.C.- Greensboro

**Visited Institution:**

- Duke University  
 N.C. Central University  
 N.C. State University

- U.N.C.- Chapel Hill  
 U.N.C.- Charlotte  
 U.N.C.- Greensboro

**Classification:**

- Graduate/Professional       Undergraduate

**Department/College:** \_\_\_\_\_

\_\_\_\_\_  
 Last Name                                      First Name                                      Middle Name or Initial                                      Student ID Number(Social Security Number)

<b>CURRENT LOCAL ADDRESS</b>			
Street, RFD or P.O. Box Number		Apartment	Telephone Number
City	State	Zip	E-Mail Address

<b>PERMANENT MAILING ADDRESS</b> (Where you will be receiving registration materials)						
Street, RFD or P.O.Box Number		City	State	Zip	County	Country(if not U.S. resident)

What is your legal residence? County \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

**CITIZENSHIP:**       US Citizen       Non-Resident Alien       Resident Alien      **DATE OF BIRTH:** \_\_\_\_\_

**SEX/MARITAL STATUS:**       Male       Female       Single/Divorced       Married      **PLACE OF BIRTH:** \_\_\_\_\_  
 City(or County)/State

**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 20\_\_\_\_ Spring 20\_\_\_\_ Summer I 20\_\_\_\_ Summer II 20\_\_\_\_      **Are you graduating this term?**       YES       NO

Number of hours for which you will be enrolled for 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):

Subject	Abbr.	Course No.	Section	Title	Cr. Hrs.	Hour/Days	Visited Inst. Approval (if required)

**NOT ALLOWED TO TAKE PASS/FAIL OR NO CREDIT COURSES**

I hereby give consent for my "home institution" Registrar's Office to provide the "visited institution" Registrar's Office my student identification number (social security number) for record keeping purposes. Also, I am aware that my grades at the "visited institution" will be submitted to my "home institution" Registrar's Office for the term of enrollment indicated above

\_\_\_\_\_  
 Departmental/Adviser's Approval                                      Date

\_\_\_\_\_  
 College Dean's Approval                                      Date

\_\_\_\_\_  
 Student's Signature                                      Date

\_\_\_\_\_  
 Home Registrar's Office Approval                                      Date

**White: Registration Office-Home Institution Use Only**

Sent completed inter-institutional form to visited institution by:

US Mail/State Courier      \_\_\_\_\_      FAX      \_\_\_\_\_      Student      \_\_\_\_\_      Date      \_\_\_\_\_

Student dropped course/visited institution notified on      \_\_\_\_\_

**Canary: Registration Office-Visited Institution Use Only**

Visited student registered on      \_\_\_\_\_

Visited student not registered because:

Sent Confirmation/Rejection Notice by:  
 US Mail      \_\_\_\_\_      e-mail      \_\_\_\_\_      Student      \_\_\_\_\_      Date      \_\_\_\_\_

Received drop notice on      \_\_\_\_\_