

# 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** *(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.

- 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

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. I also agree to abide by the student code of conduct at the host institution.

Approval of Dept/Academic Advisor \_\_\_\_\_ Date \_\_\_\_\_

Approval of College Dean \_\_\_\_\_ Date \_\_\_\_\_

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

Approval of Home Institution Registrar \_\_\_\_\_ Date \_\_\_\_\_

<p style="text-align: center;"><b>Registration Office - Home Institution Use Only</b></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;"><b>Registration Office - Host Institution Use Only</b></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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