INTER-INSTITUTIONAL APPROVAL FORM

(FOR STUDENTS TAKING COURSES ON ANOTHER CAMPUS)

Home Institution: Duke University NC Central University NC State University UNC – Chapel Hill UNC – Charlotte UNC – Greensboro					\ [[Visited Institution: Duke University NC Central University NC State University UNC – Chapel Hill UNC – Charlotte UNC – Greensboro					
Classification: Graduate / Professional Undergraduate						Department / College					
Last name First name Mid						le initial or name			Student ID number		
CURRENT LOC	CAL ADDRES	S (please	print clearly)							
Street address, RFD or PO Box number						Apartment			Telephone		
City	ity State				Z	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			Country (if	not US resident)	
What is your legal residence? County State Country											
CITIZENSHIP:	US citize	en 🗌	Nonresident	alien	Reside	ent alien	DATE C	F 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 Hispanic Other / Foreign											
Have you ever attended the visited institution:											
Term you desire to attend: Fall Spring Summer 1 Summer 2 Are you graduating this term? Yes No 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. Approva (if required) or attack documentation	
*By signing and records (FERPA									•		
records (FERPA-protected information) among the home and host institution							Approval of Academic Advisor D			Date	
							Approval of College Dean Date				
Student's signature Date							Approval of Ho			Date	
Registration Office – Home Institution Use Only Sent completed inter-institutional form to visited institution by:						Registration Office – Visited Institution Use Only Visiting student registered on					
US Mail / State courierFaxStudent Date							student not regi		use		
Student dropped course - Visited institution notified on						Sent confirmation / rejection notice by: US MailEmailStudent Date					