INTER-INSTITUTIONAL APPROVAL FORM

(FOR STUDENTS TAKING COURSES ON ANOTHER CAMPUS)

☐ Duke Univers☐ NC Central U	ome Institution: Duke University UNC – Chapel Hill NC Central University UNC – Charlotte NC State University UNC – Greensboro					Visited Institution: □ Duke University □ UNC – Chapel Hill □ NC Central University □ UNC – Charlotte □ NC State University □ UNC – Greensboro					
Classification: Graduate / Professional Undergraduate					Γ	Department / College					
Last name First name Middle						s initial or name Student ID number					
CURRENT LOC	CAL ADDRES	SS (please	e print clearl	y)							
Street address, RFD or PO Box number						Apartment			Telephone		
City	ty State					Zip Email address					
PERMANENT	MAILING A	DRESS	(where you	will be recei	iving registra	ation mate	erials)				
Street address	, RFD or PO	Box numl	per	City		State	Zip	County	Country (if	not US resident)	
What is your leg	gal residence	? Co	ounty			S	tate	Country			
CITIZENSHIP:	US citiz	en 🗌	Nonresider	nt alien	Reside	ent alien	DATE C	F BIRTH:_			
SEX: Male Female PLACE OF BIRTH:											
RACE/ETHNICITY: Please select one or more of the following groups in which you consider yourself a member:											
□ Native American or Alaska Native □ Asian □ Black or African American Other/Not Specifie □ Latino/Hispanic □ Native Hawaiian or Pacific Islander □ White Prefer not to answer											
Have you ever a	attended the v	isited ins	titution:	□No	☐ Yes	If "Yes,"	last term attend	ded			
Term you desire	e to attend: F	all Year	Spring Yea	_ Summer	1 Su Year	ımmer 2_	Are you Year	graduating	this term?	Yes No	
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	P400/14.II 01	no oroan so	Title			Cr. Hrs.	Hour / Days	Visited Inst. Approval (if required) or attach documentation	
By signing and								•			
records (FERPA-protected information) among the home and host institution							Approval of Academic Advisor Date			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:						Visiting	Registration Office – Visited Institution Use Only Visiting student registered on				
US Mail / State courierFaxStudent Date						_ Visiting	Visiting student not registered because				
Student dropped course - Visited institution notified on						Sent confirmation / rejection notice by: US MailEmailStudent Date					