

# 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 or 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 \_\_\_\_\_

Approval of School Dean - Home Institution \_\_\_\_\_

Approval of Registration Office - Home Institution \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approval of Department Head (Meredith Students Only) \_\_\_\_\_ Date \_\_\_\_\_

Approval of Division Chair (Peace Students Only) \_\_\_\_\_ Date \_\_\_\_\_

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

NC State Registrar Address: 1000 Harris Hall, Campus Box 7313, Raleigh, NC 27695 Website: [www.ncsu.edu/registrar/inter-institutional](http://www.ncsu.edu/registrar/inter-institutional)