



# Visiting Student Form

Campbellsville University - Registrar's Office

Student Name \_\_\_\_\_

ID# \_\_\_\_\_

Cell Phone # \_\_\_\_\_

**Instructions to student:** Complete the top portion of this form and take it to your advisor for his/her approval and signature. Then, bring the form to the Registrar's Office. If approved, a letter will be sent to the visiting school granting approval for you to attend as a visiting student. Use a separate form for each school you will attend.

Major or Area \_\_\_\_\_

Area Emphasis (if needed) \_\_\_\_\_

Minor or 2nd Major \_\_\_\_\_

2nd Minor \_\_\_\_\_

Name and address of College or University you will attend for this course/these courses:

| <b>COURSE 1</b> | Identify the course you wish to take at the school named above:       |        |       |      |       |        |
|-----------------|-----------------------------------------------------------------------|--------|-------|------|-------|--------|
|                 | Discipline                                                            | Number | Title | Term | Hours | Repeat |
|                 |                                                                       |        |       |      |       |        |
|                 | Identify the Campbellsville University equivalent course here:        |        |       |      |       |        |
| <b>COURSE 2</b> | Identify the course you wish to take at the school named above:       |        |       |      |       |        |
|                 | Discipline                                                            | Number | Title | Term | Hours | Repeat |
|                 |                                                                       |        |       |      |       |        |
|                 | Identify the Campbellsville University Course equivalent course here: |        |       |      |       |        |

*By submitting this request, I indicate my understanding of Campbellsville University's policies regarding visiting student status. I further acknowledge my responsibility to provide, in a timely manner, the Registrar's Office with an official copy of my transcript from the institution named above.*

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

|                           |                                                                   |                                                                   |                                                                   |
|---------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>ADMINISTRATIVE USE</b> | <b>Academic Advisor</b>                                           | <b>Registrar</b>                                                  | <b>Academic Dean or Chair (if needed)</b>                         |
|                           | <input type="checkbox"/> Approved <input type="checkbox"/> Denied | <input type="checkbox"/> Approved <input type="checkbox"/> Denied | <input type="checkbox"/> Approved <input type="checkbox"/> Denied |
|                           | Signature _____                                                   | Signature _____                                                   | Signature _____                                                   |
|                           | Date _____                                                        | Date _____                                                        | Date _____                                                        |
|                           | Comments: _____                                                   | Comments: _____                                                   | Comments: _____                                                   |