VISITING STUDENT FORM

ACADEMIC SUCCESS CENTER

Office of the Registrar, CPO #1570, UNC Asheville, One University Heights, Asheville, NC 28804.

Please return this form prior to the start of classes. Please check the academic calendar for start dates and deadlines.

Submit form via email to asc@unca.edu or to the mailing address above.

FULL LEGAL NAME (NO INITIALS OR ABBREVIATIONS)

_____

last *first* *middle* *Jr./III/etc.* *preferred first name*

Social Security number _____-_____-_____ (Voluntary, used for university record keeping and federal/state tax reporting)

PERMANENT MAILING ADDRESS:

_____

street / P.O. box *county*

_____ _____-_____ _____

city *state* *ZIP (9-digit)* *country (international students)*

Home phone _____/_____ Cell phone _____/_____ email address _____@_____

ENROLLMENT ELIGIBILITY

TO BE COMPLETED BY A DESIGNATED REPRESENTATIVE
DEAN OR RESPONSIBLE ACADEMIC OFFICER _____

First *Last* *Title*

1. Is a student in good standing and has at least a C (2.0) cumulative grade point average at _____ College/University. ❑ Yes ❑ No
2. The above student has permission to enroll for the _____ 20_____ term at UNC Asheville. ❑ Yes ❑ No
3. This student has permission to take courses with credit to be transferred to the institution listed above. ❑ Yes ❑ No

_____ _____

Signature of Dean or Responsible Academic Officer Date

REQUESTED UNC ASHEVILLE CLASSES (list UNC Asheville course information, found at https://registrar.unca.edu/schedule-classes-and-exams below)

TO BE COMPLETED BY THE STUDENT.

CRN	Department/Section	Course Title	Credit Hours	Check Course Meeting Schedule Below M	T	W	R	F	Building/Room	Time

Courses are subject to availability at time of registration. **Total Hours**

APPLICANT'S AFFIRMATION

I certify the above to be correct. I understand that all credentials submitted in support of this application become the property of the university and are not returnable. I agree to conform to the rules and regulations of the university. Any additions or changes in the information provided on this application must be submitted in writing to the Academic Success Center prior to enrollment. I understand that my failure to provide complete, accurate and truthful information on this application will be grounds to deny or withdraw my admission, or dismiss me after enrollment.

The classes I have selected to enroll in at UNC Asheville have been approved by my current educational institution. I understand that it is my responsibility to confirm the transferability of credits to my current institution prior to selecting courses at UNC Asheville.

APPLICANT'S SIGNATURE _____ DATE _____

Application must be signed and dated. An incomplete application will be returned to you for completion, thereby delaying action on your application.

THE UNIVERSITY OF NORTH CAROLINA ASHEVILLE IS COMMITTED TO EQUALITY OF EDUCATIONAL EXPERIENCES FOR STUDENTS AND IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

For office use:
Date Received _____ Date Registered __ _____