



VISITOR PERMISSION FORM

UNC Asheville, OneStop Student Services, One University Heights, CPO #1570, Asheville, NC 28804

THIS FORM MUST BE COMPLETED BY THE HOME INSTITUTION

STUDENTS: You **must** have this form completed by the designated representative at your home institution. You may attach it to your application or send it separately. **Your application will not be processed until this form is received.**

ENROLLMENT ELIGIBILITY

TO BE COMPLETED BY A DESIGNATED REPRESENTATIVE

DEAN OR RESPONSIBLE ACADEMIC OFFICER _____
First Last Title

Visiting students must be eligible to enroll at their home institution.

I hereby confirm that _____
First Middle Last

- 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

RESIDENCY STATUS

Please indicate the residency status of this student at your institution: N.C. Out of state: City and State of Residence _____

Signature of Dean or Responsible Academic Officer

Date