**VISITOR PERMISSION FORM**  
UNC Asheville, OneStop Student Services, One University Heights, CPO #1570, Asheville, NC 28804

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**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.*

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**ENROLLMENT ELIGIBILITY**  
**TO BE COMPLETED BY A DESIGNATED REPRESENTATIVE**

**DEAN OR RESPONSIBLE ACADEMIC OFFICER**

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<th>First</th>
<th>Last</th>
<th>Title</th>
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Visiting students must be eligible to enroll at their home institution.

I hereby confirm that

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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________________________

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Signature of Dean or Responsible Academic Officer ___________________________  
Date ___________________________