

NORTH CAROLINA AGRICULTURAL AND TECHNICAL STATE UNIVERSITY

Approval for Admission As a Transient (Visiting) Student

BANNER ID: _____

To Be Completed by the Student:

Students admitted as transient (visiting) students are required to submit this form with the summer sessions application. Print your name, ID#, and address (Permanent and Local) below. You must have your appropriate school/college/university official to complete information below.

Name _____

Last

First

Middle

E-Mail: _____ Contact Number: _____

Permanent Address _____

Street

City

State

Zip

Local Address _____

Street

City

State

Zip

To Be Completed by the School/College/University:

The above named student date of attendance is _____. This student is in good standing at _____ and therefore, has permission to take courses listed below at North Carolina A&T State University. He/She is classified as an:

☐ Resident ☐ Non-Resident of North Carolina for tuition purposes.

Courses Requested:

SUBJECT	COURSE NUMBER	SECTION	COURSE REF # (CRN)	CREDIT HOURS	START- END TIME	DAYS
PRE-SESSION / FIRST SESSION / DUAL SESSION						

SUBJECT	COURSE NUMBER	SECTION	COURSE REF # (CRN)	CREDIT HOURS	START- END TIME	DAYS
INTERSESSION / SECOND SESSION						

Signature of Home Institution Representative: _____

Title _____

Contact Telephone Number (_____) _____

College/School/University _____ Date _____

IMPORTANT NOTICE

North Carolina State Law requires all undergraduate and graduate students to provide documented proof of the required immunizations. Students will not be permitted to register without proof of all required vaccines. Please contact the Sebastian Health Center at (336) 334-7880 if you have questions.

For Office Use Only

Received: _____

Date: _____

Processed: _____

Date: _____