

University of Louisville
REQUEST TO ENROLL AS A VISITING STUDENT
 COLLEGE OF EDUCATION & HUMAN DEVELOPMENT

Name: Today's Date:

SSN/Student ID #: Major:

Graduate Undergraduate Post Baccalaureate

Street Address:

City: State: Zip:

Telephone #: E-mail Address:

I request permission to enroll in the following course(s) as a visiting student:

<i>Course Title</i>	<i>Course Number</i>	<i>Credit Hours</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Host Institution: Semester you will be enrolling:

Address:

If the student is suspended or dismissed from the College of Education & Human Development after this letter is sent and the student enrolls at the above-named institution, any credits earned will not transfer or alter the student's status in any way.

I understand that upon the completion of this coursework, it is my responsibility to request that the host institution send an official transcript to the University of Louisville and that the credit will not be added to my record until the official transcript indicating a satisfactory grade is received by the University of Louisville. If I am a graduate student, I will need to ask my faculty advisor to process a Transfer of Credit form as well.

Student's Signature

Date

Do Not Write Below This Line (*For Office Use Only*)

The Student's Academic Status is:

Good Standing Warning Probation Special

Faculty Advisor's Signature

Date

Approved by the Dean? Yes No

Date Dean's Office Requested
U of L Registrar's Office
Send Visiting Student Letter
to Host Institution:

Dean's Signature

Date