



VISITING STUDENT FORM

Instructions to Student: Complete the form and take it to your advisor for their approval and signature. Bring the completed form to the Registrar’s Office or email to registrar@campbellsville.edu. If approved, a letter will be sent to the visiting school granting approval for you to attend as a visiting student. Use a separate form for each school you will attend.

Student Information

Student Name: _____ Student ID#: _____ Date: _____

Major or Area: _____ Emphasis, if applicable: _____

2nd Major, if applicable: _____ Minor(s): _____

Visiting School Information

Name & Address of Visiting College/University: _____

Course 1				
Identify the course you wish to take at the school named above:				
Course ID	Course Title	Credit Hours	Term	Repeat
Identify the Campbellsville University equivalent course here:				

Course 2				
Identify the course you wish to take at the school named above:				
Course ID	Course Title	Credit Hours	Term	Repeat
Identify the Campbellsville University equivalent course here:				

By submitting this request, I indicate my understanding of Campbellsville University’s policies regarding visiting student status. I further acknowledge my responsibility to provide, in a timely manner, the Registrar’s Office with an official copy of my transcript from the institution named above.

Student Signature

Date

****Administrative Use Only****

Academic Advisor	Registrar	Academic Dean or Chair (if needed)
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
_____ Signature	_____ Signature	_____ Signature
_____ Date	_____ Date	_____ Date
Comments: _____ _____	Comments: _____ _____	Comments: _____ _____