



Campbellsville University -Office of Student Records Request for Approval: Visiting Student or Correspondence Course

Student Name _____

ID _____

Instructions to student: Complete the top portion of this form and take it to your advisor for his/her approval and signature. Then, bring the form to the Office of Student Records. If approved, a letter will be sent to the school named above granting approval for you to attend as a visiting student or to take a correspondence course. Use a separate form for each school you will visit or correspond with.

Home Address _____

Campus or Local Phone Number _____

City, State, Zip _____

Campbellsville University Post Office Box Number _____

Major or Area _____

Emphasis (for Area) _____

Minor or 2nd Major _____

2nd Minor _____

Name of College or University you will visit or correspond with for this course/these courses _____

City/State _____

COURSE 1	Identify the course you wish to take at the school named above: <input type="checkbox"/> Visiting Student <input type="checkbox"/> Correspondence					
	Discipline	Number	Title	Term	Hours	Repeat
	Identify the Campbellsville University equivalent course here:					

COURSE 2	Identify the course you wish to take at the school named above: <input type="checkbox"/> Visiting Student <input type="checkbox"/> Correspondence					
	Discipline	Number	Title	Term	Hours	Repeat
	Identify the Campbellsville University Course equivalent course here:					

By submitting this request, I indicate my understanding of Campbellsville University's policies regarding visiting student status and/or correspondence courses. I further acknowledge my responsibility to provide, in a timely manner, the Office of Student Records with an official copy of my transcript from the institution named above. I also understand that I may be required to submit a substitution form if courses are not equivalent.

Student Signature

Date

ADMINISTRATIVE USE	Academic Advisor's Recommendation	OSR Director's Recommendation	Academic Dean's Recommendation (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: _____	Comments: _____