

KENTUCKY STATE UNIVERSITY
OFFICE OF THE REGISTRAR
 PHONE: 502-597-6340 FAX: 502-597-6239

STUDENT VISITING ANOTHER INSTITUTION FORM (22-16)

This form permits a Kentucky State University student to attend another institution as a visiting student. By completing this form, all parties agree to accept the course in transfer. To successfully transfer the course to Kentucky State University, the student must pass the course with a grade of "C" or better. An official transcript of the course must be sent from the visiting institution to Kentucky State University, Transfer Center Coordinator, ASB Suite 323, East Main Street, Frankfort, KY 40601. This form must be completed and the course approved prior to the student enrolling at the other institution. This form is null and void if student's academic standing changes at end of term. Only courses listed below will be accepted.

Student Name: _____ Social Security Number: _____

Session/Term to attend other Institution: _____ Year: _____ Major: _____

Visiting Institution: _____

Address of Institution (required) _____

COURSE(S) TO BE TAKEN

COURSE NUMBER	COURSE TITLE	CREDIT HOURS	UNDERGRAD/GRADUATE	KSU EQUIV. COURSE

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Chairperson/Dean Signature: _____ Date: _____
 (*Undeclared - Director of Academic Advising)

Registrar's Office: _____ Date: _____
 (Required for Official Approval)

This document is not official without the University Raised Seal.

FOR OFFICE USE ONLY	
Good Standing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Seal
Effective Date: _____	Classification: _____
GPA: _____	Current Enrollment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Date Sent: _____	