ALABAMA AGRICULTURAL AND MECHANICAL UNIVERSITY
Post Office Box 908
Office of the Registrar
Telephone: (256) 372-5254
Fax: (256) 372-5253

INTER-CAMPUS VISITING STUDENT FORM

TO: ATHENS COLLEGE
OAKWOOD COLLEGE
CALHOUN COMM. COLLEGE
UNIV. ALABAMA-HUNTSVILLE

LAST FIRST MI STUDENT ID NUMBER

CLASSIFICATION GPA DATE OF BIRTH

ARE YOU GRADUATING THIS TERM? ☐ yes ☐ no

LOCAL ADDRESS TELEPHONE NUMBER

COURSE YOU WISH TO ENROLL:

REFERENCE NO. COURSE ABBR. & NO. TITLE

INSTRUCTOR DAY TIME CREDIT HRS.

The course is being offered during the _____ (Semester or Term) of the _____ (Year) school year.

The student will be enrolled in _____ semester hours at ALABAMA A&M UNIVERSITY for the semester he/she is requesting to be a Visiting Student.

Student's Signature _____ Date _____

Advisor's Signature _____ Date _____

Department Chairperson's Signature _____ Date _____

School Dean's Signature _____ Date _____

Office of Academic Affairs _____ Date _____

NOTE: THIS FORM MUST BE COMPLETED AND IN THE REGISTRAR'S OFFICE OF THE ATTENDING INSTITUTION BY THE FIRST DAY OF THEIR OFFICIAL REGISTRATION.

****BILLING FOR THIS COURSE WILL BE THROUGH ALABAMA A&M UNIVERSITY. THE REGULAR FEE SCALE WILL BE APPLIED.

DATE ISSUED: _____ SEMESTER: _____ CONFIRMATION #: _____

Revised: 05/2002