



VISITING STUDENT APPROVAL FORM

Note: An application for admission and this form are required for students enrolled in another college or university intending to take course(s) with Columbia State for one semester and then return to their primary college or university.

[SECTION A:] TO BE COMPLETED BY STUDENT

Name: _____ Columbia State ID or SSN: _____

Date of Birth: _____ Semester / Year: _____

Phone: _____ Email: _____

DISCLAIMER: *Columbia State's prerequisites/corequisites for a course may differ from your primary college/university. You assume responsibility for being prepared for any course(s), and you will only be allowed to register for the course(s) listed on this form.*

Signature: _____ Date: _____

[SECTION B:] TO BE COMPLETED BY PRIMARY COLLEGE/UNIVERSITY OFFICIAL

Name of College/University Currently Attending: _____

Columbia State Title and Course Number	Credits	Primary College/University Title and Course Number	Credits
<i>EXAMPLE: ENGL 1010</i>	<i>3</i>	<i>ENG 111</i>	<i>3</i>

- The student named above is in **GOOD STANDING** and is eligible to return to the above college/university.
- The student named above is on **PROBATION** but is eligible to return to the above college/university.
- The student named above is on **SUSPENSION** and is **NOT** eligible to return to the above college/university.

DISCLAIMER: *By signing this statement you are indicating that this student meets the required prerequisites/corequisites at his or her primary college/university for the course(s) listed above.*

Printed Name of College Official: _____ Title: _____

Signature of College Official: _____ Date: _____

FORM MUST BE SENT BY PRIMARY COLLEGE/UNIVERSITY DIRECTLY TO:
 Office of Admissions | 1665 Hampshire Pike | Columbia, TN 38401
 fax: 931-560-4125 | email: Processing@ColumbiaState.edu