

**ONESTOP STUDENT SERVICES CENTER** ◆ **VISITING STUDENT APPLICATION**



Complete this application in ink (please print) and return with a **\$20 non-refundable application fee** to: OneStop Student Services, CPO #1380, UNC Asheville, One University Heights, Asheville, NC 28804. Incomplete applications will be returned. This application is for the approved term only. *A new application must be submitted for each additional semester you plan to be a visiting student.*

**APPLICATION DEADLINES: FALL SEMESTER – JULY 1** ◆ **SPRING SEMESTER – NOV 1** ◆ **SUMMER SCHOOL – MAY 1**

**ENTRANCE DATE** (Check one term **ONLY**)

Year 20 \_\_\_\_\_ Term:  Fall (August)  Spring (January)  Summer

**ENTRANCE STATUS**

Have you previously taken classes at UNC Asheville?  No  Yes Dates of attendance \_\_\_\_\_

Have you ever been denied admission to UNC Asheville?  No  Yes

Have you ever been suspended or dismissed from UNC Asheville?  No  Yes

Are you currently enrolled at another college?  No  Yes Name of College \_\_\_\_\_

Are you eligible for readmission at the last institution you attended  No  Yes

**FULL LEGAL NAME** (NO INITIALS OR ABBREVIATIONS)

\_\_\_\_\_ last first middle Jr./III/etc. preferred name/nickname

All legal names you have used previously \_\_\_\_\_

Social Security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Voluntary, used for university record keeping and federal/state tax reporting)

**CURRENT MAILING ADDRESS:**

\_\_\_\_\_ street / P.O. box county  
 \_\_\_\_\_ city state ZIP (9-digit) Valid until \_\_\_\_\_ (month/day/year)  
 Home phone \_\_\_\_\_ / \_\_\_\_\_ Other phone \_\_\_\_\_ / \_\_\_\_\_ E-mail \_\_\_\_\_ @ \_\_\_\_\_

**PERMANENT MAILING ADDRESS:**

(if different from above) \_\_\_\_\_ street / P.O. box county  
 \_\_\_\_\_ city state ZIP (9-digit) country (international students)  
 Home phone \_\_\_\_\_ / \_\_\_\_\_ Other phone \_\_\_\_\_ / \_\_\_\_\_ Length of time at this address \_\_\_\_\_

**BILLING MAILING ADDRESS:** PLEASE INDICATE WHICH ADDRESS TO USE FOR BILLING  Mailing  Permanent

**PERSONAL DATA**

Date of birth \_\_\_\_\_ City and state of birth \_\_\_\_\_ Sex:  Male  Female

**RACIAL/ETHNIC IDENTIFICATION** (used for federal reporting purposes only)

1) Are you Hispanic or Latino  No  Yes

2) Please select one or more of the following as applicable:

African American/Black  American Indian/Alaskan Native  Asian  Native Hawaiian/Pacific Islander  Caucasian/White

Other (specify) \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

List all colleges attended. Please attach an additional sheet if more space is needed.

Full Name of Institution	Name	City /State	Dates Attended	Date Diploma/Degree Received
_____	_____	_____	_____	_____
Last high school attended	Name	City /State	Dates Attended	Date Diploma/Degree Received
_____	_____	_____	_____	_____



# ONESTOP STUDENT SERVICES CENTER ◆ VISITOR PERMISSION FORM

OneStop Student Services, CPO #1380, UNC Asheville, One University Heights, Asheville, NC 28804.



## THIS FORM MUST BE COMPLETED BY THE SPONSORING INSTITUTION

**STUDENTS:** You **must** have this form completed by the designated representative at your current institution. You may attach it to your application or send it separately. ***Your application will not be processed until this form is received.***

## ENROLLMENT ELIGIBILITY

TO BE COMPLETED BY A DESIGNATED REPRESENTATIVE

DEAN OR RESPONSIBLE ACADEMIC OFFICER \_\_\_\_\_  
First Last Title

**Visiting students must be eligible to enroll at their current institution for the term applied for on this UNC Asheville Visiting Student Application.**

I hereby confirm that \_\_\_\_\_  
First Middle Last

1. Is a student in good standing and has at least a C (2.0) cumulative grade point average on all previous credits attempted at \_\_\_\_\_ College/University.  Yes  No
2. The above student has permission to enroll for the \_\_\_\_\_ 20\_\_\_\_ term at UNC Asheville.  Yes  No
3. This student has permission to take courses with credit to be transferred to the institution listed above.  Yes  No

## RESIDENCY STATUS

Please indicate the residency status of this student at your institution:  N.C.  Out of state: City and State of Residence \_\_\_\_\_

\_\_\_\_\_  
Signature of Dean or Responsible Academic Officer Date

**For office use only:**

Date Received \_\_\_\_\_ Appl. complete \_\_\_\_\_ Date entered \_\_\_\_\_

Dec. \_\_\_\_\_ ALSC \_\_\_\_\_ Date \_\_\_\_\_ Notes \_\_\_\_\_