

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 Jackson State for one semester and then return to their primary college or university.

SECTION A: TO BE COMPLETED BY STUDENT

Name: _____ J Number: _____

Date of Birth: _____ Semester / Year: _____

Phone: _____ Email: _____

DISCLAIMER: Jackson 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. Visiting students may take two sequence courses if offered during sequential terms in a semester but will not be allowed to register for sequence courses in the same term.

Signature: _____ Date: _____

Required by federal law. We **cannot** accept typed signatures.

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

Name of College/University Currently Attending: _____

Jackson State Title and Course Number	CRN	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: _____