



VISITING STUDENT APPROVAL FORM

Complete this form and submit it to your College/University for approval. Submit form to the Information Registration Center at the Community College of Beaver County prior to registration for the course(s) which have been approved.

Name	Date	CCBC ID #
Address	Phone #	Date of Birth
Home College/University		Home College/University Advisor

Course(s) will be taken at the Community College of Beaver County for the following Year and Semester.

_____ **FALL** _____ **SPRING** _____ **SUMMER**

CCBC COURSE #	COURSE NAME	CREDITS		HOME COLLEGE/UNIVERSITY COURSE #
			=	
			=	
			=	

THIS SECTION IS TO BE COMPLETED BY YOUR HOME COLLEGE/UNIVERSITY.

The above named student has been granted approval to enroll as a visiting student at the Community College of Beaver County for the course(s) listed above.

Advisor Signature	Date
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