



**VISITING STUDENT APPROVAL FORM**

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

---

Name	Date	CCBC ID #
<hr/>		
Address	Phone #	Date of Birth
<hr/>		
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 is granted approval to enroll as a visiting student at the Community College of Beaver County for the course(s) listed above.

---

Advisor Signature	Date
-------------------	------

*If you have additional questions or need to register over the phone please contact Admissions & Registration at 724-480-3504*