



**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 is granted approval to enroll as a visiting student at the Community College of Beaver County for the course(s) listed above.

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

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