CHARLOTTE AREA EDUCATION CONSORTIUM

COLLABORATIVE EXCELLENCE IN EDUCATION

Name: _____ Last _____ First _____ Middle

Student ID No.: _____

Telephone No.: _____

E-mail Address: _____

Current Address: _____ Street _____ Box _____ City _____ State _____ Zip

Sex: Female ☐ Male ☐

Date of Birth: _____

Race/Ethnicity: _____

Which term (semester) and year do you wish to enroll: _____

Citizenship Data:

☐ US Citizenship

☐ Non-citizen

Country of Citizenship _____

☐ Refugee

☐ Non-Immigrant/Non-Resident Alien

Non-Immigrant Visa Type: (Select One)

☐ B1 ☐ B2 ☐ F1 ☐ H1 ☐ J1 ☐ Other (OV)

☐ Permanent Resident Alien

Resident Alien Card Number: _____

Issue Date: _____

Expiration Date: _____

Check Appropriate Box for Home and Host Institution:

Colleges/Universities

HOME		HOST	HOME		HOST
☐	Belmont-Abbey	☐	☐	Livingston	☐
☐	Cabarrus College of Health Sciences	☐	☐	Mitchell Community	☐
☐	Carolinas College of Health Sciences	☐	☐	Pfeiffer	☐
☐	Catawba College	☐	☐	Queens	☐
☐	Catawba Valley Community	☐	☐	South Piedmont Community	☐
☐	Central Piedmont Community	☐	☐	Stanly Community	☐
☐	Cleveland Community	☐	☐	UNC at Charlotte	☐
☐	Davidson	☐	☐	USC at Lancaster	☐
☐	Gardner Webb	☐	☐	Wingate	☐
☐	Gaston	☐	☐	Winthrop	☐
☐	Johnson C. Smith	☐	☐	York Technical	☐
☐	Lenoir-Rhyne	☐			

Total hours at home institution excluding consortium course(s): _____

Academic Major: _____

Have you ever attended the host institution? Yes ☐ No ☐ If yes, list dates: _____

	Host Course No./Section	Course Title	Time	Day	Credit Hours
1.					
2.					
Alternate					
Alternate					

Student Signature _____ Date _____

Dean or Authorized Office
(If Required by Home Institution _____ Date _____

Faculty Advisor _____ Date _____

Registration Office Home Institution
Certifies full-time _____ Date _____

Registration Office Host Institution
Certified Registration _____ Date _____

INSTRUCTIONS TO THE STUDENT

1. After obtaining Faculty advisor's signature on the completed form, present it to the Registrar's Office of your Home Institution for proper signature(s).
2. After obtaining proper signature(s), present this form to the Registrar's Office of the Host Institution.

INSTRUCTIONS TO THE REGISTRAR OF THE INSTITUTION TO BE VISITED

1. Advise student of the availability of the course and general policies of your institution.
2. Your signature certifies the official registration of the student for the course(s) requested.
3. Keep the original copy and return a copy to the Registration Office of the Home Institution.