

**KENTUCKY STATE UNIVERSITY**  
**OFFICE OF THE REGISTRAR**  
 PHONE: 502-597-6340 FAX: 502-597-6239

**STUDENT VISITING ANOTHER INSTITUTION FORM (22-16)**

This form permits a Kentucky State University student to attend another institution as a visiting student. By completing this form, all parties agree to accept the course in transfer. To successfully transfer the course to Kentucky State University, the student must pass the course with a grade of "C" or better. An official transcript of the course must be sent from the visiting institution to Kentucky State University, Transfer Center Coordinator, ASB Suite 323, East Main Street, Frankfort, KY 40601. This form must be completed and the course approved prior to the student enrolling at the other institution. This form is null and void if student's academic standing changes at end of term. Only courses listed below will be accepted.

Student Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Session/Term to attend other Institution: \_\_\_\_\_ Year: \_\_\_\_\_ Major: \_\_\_\_\_

Visiting Institution: \_\_\_\_\_

Address of Institution (required) \_\_\_\_\_

**COURSE(S) TO BE TAKEN**

COURSE NUMBER	COURSE TITLE	CREDIT HOURS	UNDERGRAD/GRADUATE	KSU EQUIV. COURSE

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chairperson/Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (\*Undeclared - Director of Academic Advising)

Registrar's Office: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Required for Official Approval)

This document is not official without the University Raised Seal.

<b>FOR OFFICE USE ONLY</b>	
Good Standing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Seal
Effective Date: _____	Classification: _____
GPA: _____	Current Enrollment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Date Sent: _____	