



# Request for Approval: Visiting Student

Student's Full Name \_\_\_\_\_

IW ID# \_\_\_\_\_

Birthdate \_\_\_\_\_

**Instructions to Student:** Complete the top portion to this form. Take it to your advisor for approval. Bring the signed form to the Office of the Registrar with other school's course description attached (found on school's website). If approved, a letter will be sent to the school indicating approval for you to attend as a visiting student or to take a correspondence course. Use a separate form for each school you will visit.

The course indicated below is intended as  equivalent course  substitute course

Home Address \_\_\_\_\_

Campus or Local Phone Number \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Iowa Wesleyan Post Office Box Number \_\_\_\_\_

Major \_\_\_\_\_

Concentration (if applicable) \_\_\_\_\_

2nd Major or Minor \_\_\_\_\_

2nd Minor \_\_\_\_\_

|                    |   |                    |
|--------------------|---|--------------------|
| COURSE INFORMATION | College or University where course will be taken _____                  | City & State _____ |
|                    | <i>Identify the course you wish to take at the visited school here:</i> |                    |

| Discipline | Number | Title | Term | Hours | Repeat |
|------------|--------|-------|------|-------|--------|
|            |        |       |      |       |        |

| COURSE INFORMATION | <i>Identify the Iowa Wesleyan equivalent or substituted course here:</i>  |            |        |       |        |       |        |  |  |  |  |  |
|--------------------|---|------------|--------|-------|--------|-------|--------|--|--|--|--|--|
|                    | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Discipline</th> <th style="width: 10%;">Number</th> <th style="width: 45%;">Title</th> <th style="width: 10%;">Term</th> <th style="width: 10%;">Hours</th> <th style="width: 10%;">Repeat</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> | Discipline | Number | Title | Term   | Hours | Repeat |  |  |  |  |  |
| Discipline         | Number  | Title      | Term   | Hours | Repeat |       |        |  |  |  |  |  |
|                    |   |            |        |       |        |       |        |  |  |  |  |  |

By submitting this request, I indicate my understanding of the Iowa Wesleyan University's policies regarding visiting student status and/or correspondence courses. I further acknowledge my responsibility to provide, in a timely manner, an official copy of my transcript to the IW Office of the Registrar from the visited school named above. I understand I may be required to submit a substitution form if courses are not equivalent.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

|                |  |   |  |
|----------------|--|---|--|
| ADMINISTRATIVE | <p style="text-align: center;"><b>Advisor's Recommendation</b></p> <input type="checkbox"/> Approved <input type="checkbox"/> Denied | <p style="text-align: center;"><b>Division Chair's Recommendation</b></p> <input type="checkbox"/> Approved <input type="checkbox"/> Denied | <p style="text-align: center;"><b>Registrar's Recommendation</b></p> <input type="checkbox"/> Approved <input type="checkbox"/> Denied |
|                | Signature _____  | Signature _____   | Signature _____  |
|                | Date _____   | Date _____  | Date _____   |

Registrar: Attach copy of visited school's course description and letter sent to visited school to this form.

Course Dx Rec'd: \_\_\_\_\_ Letter sent on: \_\_\_\_\_