Piedmont International University

420 S. Broad Street, Winston - Salem, North Carolina 27101
800-937-5097 admissions@piedmontu.edu Fax 336-714-7819
www.PiedmontU.edu

*****Return completed form to Attention: Admissions Office*****

Visiting Student Transfer Credit Approval

This form is to be completed by the registrar or an authorized official.

Personal Information:

Last Name	First Name	MI	DOB	Student ID#
_____			_____	_____

Institution of Current Enrollment:

Name of College/University : _____

Address: _____

Course of Study:

Desired Enrollment: □ Fall 20_____ □ Spring 20_____ □ Summer 20_____

Approved Courses Beginning date

Course #: _____ Course Title: _____ Start Date: _____

Course #: _____ Course Title: _____ Start Date: _____

Agreement

Signature of Registrar or authorized official certifies and confirms,

- **the applicant's current enrollment in an academic program leading to a degree or certificate**
- **the applicability of courses listed above to the current program of study**
- **the applicant to be in good academic and financial standing with the named institution.**

Printed Name: _____

Signature: _____

Title: _____

Date: _____

***A *Visiting Student* is a non-resident, non-degree seeking college student currently enrolled in a degree program at another recognized institution who wishes to take a limited number of classes at Piedmont International University for transfer to his/her present institution. Financial Assistance is not available for a Visiting Student.**