

**SPALDING UNIVERSITY – ENROLLMENT SERVICES**  
**VISITING STUDENT LETTER APPROVAL FORM**

851 South Fourth Street, Louisville, KY 40203-2188  
Telephone: (502) 588-7185 FAX (502) 585-1728

Print Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City and State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone Number (Area Code \_\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Check all that apply:**

- Undergraduate Student  
FR  SO  JR  SR   
 Graduate Student

- Male  
 Female

**Major:** \_\_\_\_\_

Are you graduating at the end of the term for which you are going as a Visiting Student? YES  NO

**VISITING INSTITUTION:** \_\_\_\_\_

This is to certify that the person identified above is a current student in good academic standing at Spalding University at this time and he/she is eligible to be enrolled here during the next term.

This student has our permission to enroll as a visiting student in the following course(s) for the \_\_\_\_\_ term of 200\_\_ at your institution. Void is to be written on unused lines.

Course Number _____	Spalding Equivalent _____	Title of Course _____	Sem Hrs of Credit _____
Course Number _____	Spalding Equivalent _____	Title of Course _____	Sem Hrs of Credit _____
Course Number _____	Spalding Equivalent _____	Title of Course _____	Sem Hrs of Credit _____

Reason for Visiting Letter:

\_\_\_\_\_  
\_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

The signature of the student above gives the Visiting Institution permission to send an OFFICIAL COPY of the transcript to the Registrar's Office of Spalding University as soon as grades are recorded. Student is responsible for any fees associated with transcript request. "Issued to Student" transcripts (even in sealed envelope) ARE NOT ACCEPTED by Spalding University. Transcripts must be forwarded directly to the Spalding Registrar's Office from the Visiting Institution. Hours taken as a visiting student WILL NOT be covered by Spalding financial aid. Visiting students are responsible for charges incurred at the Visiting Institution.

Advisor's  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Dean's  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Registrar's  
Signature \_\_\_\_\_ Date \_\_\_\_\_

This form is validated with the school seal.