Missouri Valley College
Admissions Office
Visiting Student Enrollment Form

Full Name _____ SSN# _____

Address _____
Street City State Zip Code

Semester you plan to attend Missouri Valley College? Fall ____ Spring ____ Summer ____

Have you ever attended Missouri Valley College? Yes ____ No ____ When? _____

Course(s) you plan to enroll in? _____

At the completion of the course(s) at Missouri Valley College, you should request the Registrar's Office to send an official transcript to the certifying institution.

Prerequisite for course(s): _____

Signature _____ Date _____

Acceptance of Credit by Home Institution

Department	Course #	Title of Course	Credit Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This is to certify that _____ is an undergraduate student in good standing at this institution. He/She has our permission to take the following course(s) at Missouri Valley College and transfer them back to this institution upon their completion.

Signature _____ Date _____

Position _____ Institution _____

Address _____
Street City State Zip Code

Please return completed for to:

Missouri Valley College
Admissions Office
500 East College
Marshall, MO 65340
Phone: (660) 831-4114
Fax: (660) 831-4233