MISSOURI VALLEY COLLEGE
VISITING STUDENT ENROLLMENT FORM

Student Information:
Name: Last __________ First __________ M. I.   SSN: ______________
Street Address ___________________________ Date of Birth: __________
City, State, Zip ___________________________ Phone: ______________
Email address: ____________________________________________
When do you plan to attend MVC? Year: _______ Fall ___ Spring ___ Summer ______
Have you ever attended MVC before? No ____ Yes ____ When? __________

Course Information:
Course(s) you wish to take at MVC:

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<tr>
<th>Department</th>
<th>Course/Section #</th>
<th>Title</th>
<th>Hours</th>
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Prerequisites for course(s):

Student Signature: __________________________________________ Date: __________

Acceptance of Credit by Home Institution (to be completed by your Advisor or Registrar)

This is to certify that ___________________________ is an undergraduate student in good standing at this institution. S/he has our permission to take the courses listed above at Missouri Valley College and transfer them back to this institution upon their completion.

Signature: __________________________________________ Date: __________
Position: __________________ Institution: __________________
Address: ________________________________________________

Return completed form to Admissions at Missouri Valley College
500 E. College St., Marshall, MO 65340 • Phone: 660-831-4114 • Fax: 660-831-4233