



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:

<i>Department</i>	<i>Course/Section #</i>	<i>Title</i>	<i>Hours</i>

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: _____