

REQUEST FOR VISITING STUDENT PROGRAM STATUS

Please review the “Visiting Student Program Request” Process document prior to completing this application.

1. The student must complete all elements of this application including:

Part A: Bio-demographic and contact information

Part B: Written approval from the academic department of the major for both the campus to be attended and the courses being proposed.

Part C: Completed Budget Sheet

2. Submit the completed request form to the Registrar’s Office, Moot Hall 210, ideally by the last day of the spring term for fall, and the last day of the fall term for spring. The Registrar will review your request and notify you of the decision regarding participation.
3. The Registrar will need time to work with Financial Aid to confirm the budget sheet and to register the student for place holder Buffalo State classes (your transfer credits will be attached to these courses).
4. The student will need to forward to the Registrar’s Office a copy of their host institution schedule to confirm that they are registered.
5. You are strongly encouraged to apply for graduation before leaving campus if you are close to graduating.

PART A

BUFFALO STATE VISITING STUDENT PROGRAM

(Please type or print.)

Name _____ Date _____

Banner ID _____ Email: _____ Alternate Email: _____

Current Telephone No. () _____ Alternate Telephone No. () _____

Major: _____ Credits Completed: _____ Cumulative GPA _____

If you are presently receiving financial aid, complete the following:

SOURCE - AMOUNT/YEAR

SOURCE - AMOUNT/YEAR

1. _____ 3. _____

2. _____ 4. _____

Institution You Wish To Attend: _____ Credits to be taken at host institution (approx.): _____

Semester(s)/ Quarter(s) and year: _____

I am hereby requesting permission for off-campus study. I certify that I am currently a degree-seeking student at Buffalo State. If approved by my advisor and department chairman, I will enroll for courses at the host institution listed above. Upon completion of those courses, **I will have an official transcript from the host institution sent to the Office of Special Programs.** I also understand that I, personally, will be responsible for the tuition, fees, and charges prevailing at the host institution, and I agree to be bound by their rules and regulations. Upon arrival at the host institution, I will inform the Office of Special Programs of my address and telephone number.

(Student's signature)

(Date)

PART B

DEPARTMENTAL APPROVAL

Please indicate how courses will be placed into the student's program at Buffalo State: Major Requirement, Major Elective, Gen Edu Area (including area (ARTS, WCIV, etc.), or all-college elective. If applicable, as indicate if course meets Global (G), Diversity (D) or Upper Division (U) attributes.

Host Campus		Buffalo State Equivalency			
Catalog Number	Title	Catalog Number	Title	Major Requirement OR Major Elective OR Gen Ed Area OR All College Elective	Credits

I have reviewed and approve of the proposed program of study for the visiting period. The courses listed on the following page will be considered as transfer credits and be counted toward Buffalo State's degree program.

Academic Advisor (please print)

Chairperson (please print)

Signature

Signature

Date

Date

PART C

BUDGET SHEET

Remember that will need to submit your FAFSA application, if you haven't done so already.

Name _____ Banner ID _____

Institution You Wish To Attend: _____ Credits to be taken at host institution: _____

Semester(s)/ Quarter(s) and year: _____

Class Start Dates: _____ Class End Dates: _____ Spring _____

Tuition and fees are billed and paid to the host institution.

		Costs Per Semester / Quarter
Tuition:	\$ _____	
Fees:	\$ _____	
Room and Board:	\$ _____	
Books and Supplies:	\$ _____	
Insurance:	\$ _____	
Local Transportation:	\$ _____	
Personal Expenses:	\$ _____	
Transportation to Host Campus:	\$ _____	
Total	\$ _____	