

## Visiting Student Request Form

**Part I** (to be completed by the student)

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Full Legal Name First MI Last Maiden/Former Name

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Address Phone (include area code)

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City State Zip

Entering term: Fall 20 Spring 20 Summer 20

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Date of Birth Email address

Have you previously applied at ECC? Yes No If yes, year \_\_\_\_\_ -attended ECC? Yes  No  If yes, year \_\_\_\_\_

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Currently enrolled at (home institution) city state Hours completed

Other institutions attended/attending

*I certify that the above statements are true. I agree to abide by the regulations of ECC while I am enrolled. I authorize the release of any records from my home institution which ECC may require.*

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Student's Legal Signature Date

I would like to register for the following course(s):

ECC Course(s) (completed by student) Home Institution Equivalent (completed by "home institution")

Course Name	Subject	Course Number	Section Number	Day/Time	Course Name	Subject	Course Number	Credit Hours

**Please note that the courses listed above do not guarantee admission to ECC, course availability, or the transferability to the home institution.**

**Part II** (to be completed by an official at the institution in which the student is currently enrolled, "home institution")

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Home Institution

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Address Phone

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City State Zip

Enrollment Status: Currently enrolled? YES  NO  If NO, date last attended \_\_\_\_\_

*I certify these statements are true and that the student has the permission of the home institution to enroll in courses at ECC. By signing, I certify that I have reviewed the student's records and the student meets any requirements to enroll in the above courses.*

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Certifying Officer (Print) Signature of Certifying Officer

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Title Email Phone