



Application for Visitor Admission Undergraduate Admissions

Term and Year of Proposed Enrollment	Deadlines
___ Fall (August) Year ___	July 1
___ Spring (January) Year ___	November 1
___ Summer Session I (May) Year ___	April 15
___ Summer Session II (June) Year ___	April 15
___ II Week Session (May/June) Year ___	April 15

Note: if all sections of the application, front and back, are not complete, this application will not be processed. The \$70 nonrefundable application fee must accompany the application. Please mail the application to Office of Undergraduate Admissions, I06 Whichard Building, Mail Stop 517, East Carolina University, Greenville, NC 27858-4353.

Students who are currently attending another regionally accredited college or university, may attend East Carolina University for a limited period of time and then return to their original institutions. Such applicants must complete a visitor's application and have a dean or other appropriate official at the parent institution verify that the applicant is in good standing. This official should also specify the courses to be taken at East Carolina University. Enrollment as a visitor will be limited to no more than 28 semester hours earned at East Carolina University. Credit earned as a visiting student can not be used to establish eligibility for admission to East Carolina University, but up to 28 semester hours earned at East Carolina University may be applied after the student has been admitted.

STUDENT INFORMATION

Social Security Number* - -

*I hereby acknowledge that completion of this item (Social Security Number) is voluntary. It is requested by this institution for administrative convenience and record-keeping accuracy and to provide a personal identifier for use by the institution. **The Social Security number is required of all who apply for financial aid.**

Students legal name _____
LAST FIRST MIDDLE

If previously enrolled under a different name, please list _____
LAST FIRST MIDDLE

Permanent mailing address _____
STREET/RFD/P.O. BOX
 _____ Telephone () _____
CITY/STATE/ZIP CODE

Present mailing address _____
STREET/RFD/P.O. BOX
 _____ Telephone () _____
CITY/STATE/ZIP CODE

At this address until _____ Student E-mail address _____

Please use codes listed on page 3 where requested below

Sex Female Male Date of birth _____

Are you Hispanic/Latino? Yes No Black/African American Other

Race (Please select one or more)* American Indian/Alaskan Native Hawaiian Native and other Pacific Islander Asian White

* The University of North Carolina and all of its institutions are committed to equality of opportunity. There shall be no discrimination within the university against applicants, students, or employees on the basis of race, color, religion, gender, age, disability, or national origin, consistent with the provisions of applicable state and federal law.

Are you a U.S. citizen? Yes No

N.C. county of legal residence (CODE) State or territory of legal residence (CODE)

Please specify country if other than U.S. citizen _____

Immigration status for non-U.S. citizen _____ Visa type _____
ALL NON-US CITIZENS MUST PROVIDE A COPY OF VISA AND GREEN CARD.

Please specify if you are seeking online courses Yes No

EMERGENCY CONTACT

Name _____
LAST FIRST MIDDLE

Address _____
STREET/RFD/P.O. BOX

_____ Telephone () _____
CITY/STATE/ZIP CODE

EDUCATIONAL

Date of high school graduation _____ Name and Address of High School _____
MONTH YEAR

Have you ever attended East Carolina? Yes No If yes, show dates of last enrollment _____ to _____
MONTH YEAR MONTH YEAR

Are you currently enrolled in another college? Yes No

If yes, name school _____ Dates of enrollment _____ to _____

Have you ever earned a baccalaureate degree? Yes No

Are you eligible to return to the last institution in which you were enrolled as a full-time student? Yes No

LEGAL RESIDENCY

A. Do you claim to be a North Carolina resident who qualifies for in-state tuition? Yes No

If your response is yes, from what exact date? _____ If your response is no, it is not necessary to answer B through D.

B. Provide your previous address of parent or legal guardian if he or she has lived at the current address for less than two years.

PREVIOUS ADDRESS CITY/STATE/ZIP CODE EXACT DATES AT THE ADDRESS (FROM/TO)

C. Provide the previous address of parent or legal guardian if he or she has lived at the current address less than two years.

FATHER/MOTHER/GUARDIAN'S PREVIOUS ADDRESS CITY/STATE/ZIP CODE EXACT DATES AT THE ADDRESS (FROM/TO)

D. If you are an independent, self-supporting student, please list all employment during the previous three years.

NAME OF EMPLOYER ADDRESS OF EMPLOYER EXACT DATES (FROM/TO)

NAME OF EMPLOYER ADDRESS OF EMPLOYER EXACT DATES (FROM/TO)

NAME OF EMPLOYER ADDRESS OF EMPLOYER EXACT DATES (FROM/TO)

E. If you, your parent, or anyone entitled to claim you as a dependent is active-duty military or will be within the 12 months preceding your enrollment date, complete the following.

Place of entry _____ Date of entry _____ Date of discharge _____

State tax withheld from which state _____ Since exact date _____

As a member of the armed services in North Carolina or dependent thereof, do you wish to claim a military waiver? Yes No

CAMPUS SAFETY QUESTIONS

Your "yes" answer to one or more of the following questions will not necessarily preclude your being admitted. However, your failure to provide complete, accurate, and truthful information will be grounds to deny or withdraw your admission, or to dismiss you after enrollment.

For the purpose of the following six questions, "crime" or "criminal charge" refers to any crime other than a traffic-related misdemeanor or an infraction. You must, however, include alcohol or drug offenses whether or not they are traffic related.

Have you been convicted of a crime? Yes No

Have you ever entered a plea of guilty, a plea of no contest, a plea of nolo contendere, or an Alford plea, or have you received a deferred prosecution or prayer for judgement continued, to a criminal charge? Yes No

Have you otherwise accepted responsibility for the commission of a crime? Yes No

Do you have any criminal charges pending against you? Yes No

Have you ever been expelled, dismissed, suspended, placed on probation, or otherwise subject to any disciplinary sanction by any school, college, or university? Yes No

If you have ever served in the military, did you receive any type of discharge other than an honorable discharge? Yes No

If you answered "yes" to any of the six questions above, please explain the circumstances below.

You must promptly notify the Admissions Office in writing of any criminal charge, any disposition of a criminal charge, or any school, college, or university disciplinary action against you, or any type of military discharge other than an honorable discharge that occurs at any time after you submit the application. Your failure to do so will be grounds to deny or withdraw your admission, or to dismiss you after enrollment.

I certify that all items on this application are answered correctly and completely. I understand my failure to provide complete, accurate, and truthful information on this application will be grounds to deny or withdraw my admission, or dismiss me after enrollment. I also understand that it is my responsibility to notify East Carolina University promptly if there is any change in the above information prior to my enrollment at East Carolina.

Signature _____ Date _____

Return with the \$70 fee to the Office of Undergraduate Admissions, I06 Whichard Building, Mail Stop 517, East Carolina University, Greenville, NC 27858-4353.

CODES

County Codes

001	Alamance	051	Cumberland	101	Johnston	151	Randolph
003	Alexander	053	Currituck	103	Jones	153	Richmond
005	Alleghany	055	Dare	105	Lee	155	Robeson
007	Anson	057	Davidson	107	Lenoir	157	Rockingham
009	Ashe	059	Davie	109	Lincoln	159	Rowan
011	Avery	061	Duplin	111	McDowell	161	Rutherford
013	Beaufort	063	Durham	113	Macon	163	Sampson
015	Bertie	065	Edgecombe	115	Madison	165	Scotland
017	Bladen	067	Forsyth	117	Martin	167	Stanly
019	Brunswick	069	Franklin	119	Mecklenburg	169	Stokes
021	Buncombe	071	Gaston	121	Mitchell	171	Surry
023	Burke	073	Gates	123	Montgomery	173	Swain
025	Cabarrus	075	Graham	125	Moore	175	Transylvania
027	Caldwell	077	Granville	127	Nash	177	Tyrrell
029	Camden	079	Greene	129	New Hanover	179	Union
031	Carteret	081	Guilford	131	Northampton	181	Vance
033	Caswell	083	Halifax	133	Onslow	183	Wake
035	Catawba	085	Harnett	135	Orange	185	Warren
037	Chatham	087	Haywood	137	Pamlico	187	Washington
039	Cherokee	089	Henderson	139	Pasquotank	189	Watauga
041	Chowan	091	Hertford	141	Pender	191	Wayne
043	Clay	093	Hoke	143	Perquimans	193	Wilkes
045	Cleveland	095	Hyde	145	Person	195	Wilson
047	Columbus	097	Iredell	147	Pitt	197	Yadkin
049	Craven	099	Jackson	149	Polk	199	Yancey

States and Territories

AL	Alabama	ID	Idaho	MT	Montana	RI	Rhode Island
AK	Alaska	IL	Illinois	NE	Nebraska	SC	South Carolina
AS	American Samoa	IN	Indiana	NV	Nevada	SD	South Dakota
AZ	Arizona	IA	Iowa	NH	New Hampshire	TN	Tennessee
AR	Arkansas	KS	Kansas	NJ	New Jersey	TX	Texas
CA	California	KY	Kentucky	NM	New Mexico	UT	Utah
CO	Colorado	LA	Louisiana	NY	New York	VT	Vermont
CT	Connecticut	ME	Maine	NC	North Carolina	VI	Virgin Islands
DE	Delaware	MD	Maryland	ND	North Dakota	VA	Virginia
DC	District of Columbia	MA	Massachusetts	OH	Ohio	WA	Washington
FL	Florida	MI	Michigan	OK	Oklahoma	WV	West Virginia
GA	Georgia	MN	Minnesota	OR	Oregon	WI	Wisconsin
GU	Guam	MS	Mississippi	PA	Pennsylvania	WY	Wyoming
HI	Hawaii	MO	Missouri	PR	Puerto Rico		

Note: Return this form with your application to the Office of Undergraduate Admissions, 106 Whichard, Mail Stop 157, East Carolina University, Greenville, NC 27858-4353. This form must be on file at East Carolina before a visiting student registers.

_____, who is a student in good standing at
STUDENT'S FULL LEGAL NAME

_____, and who has _____ classification, has permission
COLLEGE/UNIVERSITY NAME (FR, SOPH, JR, SR)

to take the following course(s) at East Carolina University during the session _____.

Date of Birth

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MONTH DAY YEAR

COURSE TITLE AND NUMBER

ALTERNATE TITLE AND NUMBER

SIGNATURE OF DEAN OR DEPARTMENT CHAIR

TITLE

DATE

An undergraduate student is not permitted to select courses that are more than one classification removed from the student's own classification.

COURSE NUMBERING SYSTEM

- 1000-1999 Freshman Level
- 2000-2999 Sophomore Level
- 3000-3999 Junior Level
- 4000-4999 Senior Level
- 5000-5999 Open to seniors and graduates only
- 6000-6999 Open to graduates only

Please approve sufficient courses for the student to secure a full schedule in the event some classes are cancelled.