

VISITING STUDENT AUTHORIZATION (VISA) REQUEST

Last Name: _____ First Name: _____

Student ID#: _____ Student Major/Plan: _____

Visiting College: _____ Requested Semester & Year: _____

**REGISTRAR
USE ONLY**
LIU Course ID:

REQUESTED COURSE # & TITLE/CREDITS:	LIU BROOKLYN EQUIVALENCY/CREDITS:	LIU Course ID:
Example: MTH 105 CALCULUS 4 CR	MTH 40 (4 CR)	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

I request permission to take the undergraduate course(s) listed above at the institution listed above. I understand I must submit an official copy of transcripts upon completion of the course(s) listed above. Official transcripts should be mailed/hand delivered to Enrollment Services. I understand that I must earn a grade of "C" or better in order to transfer these credits to LIU Brooklyn and apply them to my degree program.

Student's Signature: _____ Date: _____

Major Chair's Approval/Signature: _____ Date: _____

FINAL APPROVAL DECISION:

Approved Number of credits approved: _____

Denied

Dean's Signature

Date

PLEASE NOTE: IF THE TERMS OF THE VISA AGREEMENT (COURSES TAKEN, COLLEGE ATTENDED AND/OR SEMESTER) ARE VIOLATED OR CHANGED, TRANSFER CREDIT MAY NOT BE AWARDED

Registrar Use Only:

PROG	PLAN	Admit Term	Total Credits Posted	Date processed