



# Virginia Military Institute

## Visiting & Foreign Student Application

Full Name: \_\_\_\_\_

Sex:      Female      Male     Date of Birth: \_\_\_\_\_

State of Legal Residence: \_\_\_\_\_ Social Security #: \_\_\_\_\_

County of Legal Residence (if VA): \_\_\_\_\_ Country of Residence: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Institution: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Student's Email: \_\_\_\_\_

*NOTE: Information below is collected for statistical purposes only.*

Race:      Hispanic      Non-Hispanic      Not Reported

Ethnicity:      Black      American Indian or Alaskan Native

Asian or Pacific Islander      Hawaiian/Pacific Islander

White, Non-Hispanic      Not Reported

### REQUESTED COURSES:

Course # & Section \_\_\_\_\_ Title: \_\_\_\_\_

Course # & Section \_\_\_\_\_ Title: \_\_\_\_\_

Course # & Section \_\_\_\_\_ Title: \_\_\_\_\_

Course # & Section \_\_\_\_\_ Title: \_\_\_\_\_

Course # & Section \_\_\_\_\_ Title: \_\_\_\_\_

Course # & Section \_\_\_\_\_ Title: \_\_\_\_\_

Course # & Section \_\_\_\_\_ Title: \_\_\_\_\_

*I certify that I am a full-time student and acknowledge that it is my responsibility to notify the Registrar's Office at VMI if I choose not to take or withdraw from the above activity prior to the end of classes. I further authorize the VMI Registrar's Office to release to the respective home institution specific grade information upon request and at the conclusion of each semester of registration. (NOTE: Student grades are posted directly online and can be accessed thru Post View.)*

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)