



Visiting Student Dean Verification / Approval Form

Creighton University School of Pharmacy and Health Professions
2500 California Plaza, Criss III Suite 154
Omaha, NE 68178

fax: (402) 280-1148

<http://spahp.creighton.edu/online/>

Instructions:

- All applications for visiting student status must be accompanied by the signature of the Dean of the applicant's home institution verifying that the applicant is in good academic standing and that the course will be accepted at the home institution for transfer of credit.
- Complete all sections of the form below. All visiting students from the same institution must be listed on one verification form so that the institutional discount (minimum 5 students) can be applied. Individual verifications will be accepted. However, the institutional discount (minimum 5 students) will be applied only to applications received by 4:30 PM (CST) on **December 15, 2009** (Spring), **April 25, 2010** (Summer) and **July 23, 2010** (Fall).
- Questions may be directed to Jeanne Riha, Support Secretary for Registration Services, at (402) 280-3296.
- **Please fax this form to (402) 280-1148 to the attention of Jeanne Riha by the appropriate deadline. A scanned completed form may be sent as an e-mail attachment to spahponline@creighton.edu.**

Institutional Information:

Home Institution / Program Name:				
Address:				
City:		State:		Zip Code:
Phone Number:				

Request for registration in the following Creighton University course:

Course Number	Course Title:	Term / Year:

Verification:

<input type="checkbox"/>	The student(s) listed below are in good academic standing at this institution.
<input type="checkbox"/>	The course listed above will be accepted for transfer to the home institution.

Home Institution's Dean Signature

Signature:	Request Date:

Student Name(s): (please print or type)

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Registration deadlines: December 15, 2009 (Spring), April 23, 2010(Summer) and July 23, 2010 (Fall).