 Fayetteville Technical Community College 

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| **VISITING STUDENT FORM** |

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| To: Registrar |

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| Date: | Click or tap to enter a date. |

**Student Information:**

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| --- | --- |
| First Name: |  |
|  |  |
| Last Name: |  |
|  |  |
| Date of Birth: | Click or tap to enter a date. |
|  |  |
| Last 4 of SSN: |  |

**College/University Information:**

|  |  |
| --- | --- |
| Name of College/University currently attending: |  |

**Registration Information:**

|  |  |
| --- | --- |
| Semester: |  |

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| --- | --- | --- |
| **Course Title & Number** | **Course Section** | **Online or In-Person** |
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For a full list of the current class schedules please visit the registrar’s website:   
<https://www.faytechcc.edu/campus-life/curriculum-registration/>

**Please email this form to** [**registrar@faytechcc.edu**](mailto:registrar@faytechcc.edu)

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| Date received & prepared by Registrar’s Office: |  |