



UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE

Dear Charlotte Area Consortium Student

We have received your consortium registration material and will determine your status on the first day of classes. As part of attending courses at UNC Charlotte, we require completion of the questions below, signing and dating the form. Please return this form with the Consortium registration form. I must have this form in hand in order to begin the registration process; registration is on a space available basis.

If you answer "yes" to one or more of the following questions, you will not necessarily be precluded from admission. 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 infraction. You must, however, include alcohol or drug offences whether or not they are traffic related.

For purposes of the following six questions, "dismissed, suspended, or placed on probation, or otherwise subject to any disciplinary sanction" excludes any disciplinary action that was due solely to academic performance.

- 1. Have you been convicted of a crime? Yes No
- 2. Have you 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 judgment continued, to a criminal charge? Yes No
- 3. Have you otherwise accepted responsibility for the commission of a crime? Yes No
- 4. Do you have any criminal charges pending against you? Yes No
- 5. Have you ever been expelled, dismissed, suspended, or placed on probation, or otherwise subjected to any disciplinary sanction by any school, college, or university? Yes No
- 6. If you have ever served in the military, did you receive any type of discharge other than an honorable discharge? Yes No
 - Currently serving Never served

If you answered "yes" to any of the six questions above, please explain the circumstances on a separate sheet of paper.

You must promptly notify the Records & Registration Office in writing of any criminal charge, any disposition of a 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 this application. Your failure to do so will be grounds to deny or withdraw your admission, or to dismiss you after enrollment.

Sincerely,

Julie Burt
Student Services Supervisor
Records & Registration

Signature _____ Date: _____

CHARLOTTE AREA EDUCATIONAL CONSORTIUM (CAEC) INTER-INSTITUTIONAL REGISTRATION FORM

Name: _____ Student ID No: _____
Last First Middle

Telephone No.: () _____ Email Address: _____

Which term (semester) and year do you wish to enroll? _____
Year / term (semester)

Check appropriate box for home and host institution:

HOME	INSTITUTIONS	HOST
<input type="checkbox"/>	Belmont-Abbey College	<input type="checkbox"/>
<input type="checkbox"/>	Cabarrus College of Health Sciences	<input type="checkbox"/>
<input type="checkbox"/>	Carolinas College of Health Sciences	<input type="checkbox"/>
<input type="checkbox"/>	Catawba College	<input type="checkbox"/>
<input type="checkbox"/>	Catawba Valley Community College	<input type="checkbox"/>
<input type="checkbox"/>	Central Piedmont Community College	<input type="checkbox"/>
<input type="checkbox"/>	Cleveland Community College	<input type="checkbox"/>
<input type="checkbox"/>	Davidson College	<input type="checkbox"/>
<input type="checkbox"/>	Gardner Webb University	<input type="checkbox"/>
<input type="checkbox"/>	Gaston College	<input type="checkbox"/>
<input type="checkbox"/>	Johnson C. Smith University	<input type="checkbox"/>
<input type="checkbox"/>	Lenoir-Rhyne College	<input type="checkbox"/>
<input type="checkbox"/>	Livingstone College	<input type="checkbox"/>
<input type="checkbox"/>	Mitchell Community College	<input type="checkbox"/>
<input type="checkbox"/>	Pfeiffer University	<input type="checkbox"/>
<input type="checkbox"/>	Queens University of Charlotte	<input type="checkbox"/>
<input type="checkbox"/>	South Piedmont Community College	<input type="checkbox"/>
<input type="checkbox"/>	University of North Carolina at Charlotte	<input type="checkbox"/>
<input type="checkbox"/>	University of South Carolina at Lancaster	<input type="checkbox"/>
<input type="checkbox"/>	Wingate University	<input type="checkbox"/>
<input type="checkbox"/>	Winthrop University	<input type="checkbox"/>
<input type="checkbox"/>	York Technical College	<input type="checkbox"/>

1. Total hours at home institution excluding consortium course(s): _____ Academic Major: _____
2. Current Address: _____
Street Box City State Zip
3. Have you ever attended the host institution? Yes _____ No _____
 If yes, list dates: _____
4. Sex: Female _____ Male _____ 5. Date of Birth: _____ 6. Race/Ethnic (optional) _____

Host Course No./Section	Course Title	Time	Day	Credit Hours
1.				
2.				
Alternate				
Alternate				

Student Signature _____	Date _____	Dean or Authorized Office _____	Date _____
Faculty Advisor _____	Date _____	(If required by Home Institution)	
Registration Office Home Institution _____	Date _____	Registration Office Host Institution _____	
Certifies full time		Certifies registration	

INSTRUCTIONS TO THE STUDENT:

- After obtaining Faculty advisor's signature on the completed form, present it to the Registrar's Office of your Home institution for the proper signature(s).
- After obtaining proper signature(s), present this form to the Registrar's Office of the Host Institution.

INSTRUCTIONS TO THE REGISTRAR OF THE INSTITUTION TO BE VISITED:

- Advise student of the availability of the course and general policies of your institution.
- Your signature certifies the official registration of the student for the course(s) requested.
- Keep the original copy and return a copy to the Registration Office of the Home Institution.