Visiting Student
Dean Verification / Approval Form
Creighton University School of Pharmacy and Health Professions
2500 California Plaza, Criss III Suite 154
Omaha, NE 68178
Contact: Jeanne Riha,
Support Secretary for Registration Services
Email: jeanneriha@creighton.edu
Phone: 402-280-3296
Fax: 402-280-1148

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 and institutional discount (minimum 5 students) will be applied only to applications received by the appropriate deadline in the "Registration Deadline" information.
- This completed form must be submitted to Jeanne Riha at the contact information listed above.

Institutional Information:

<table>
<thead>
<tr>
<th>Home Institution / Program Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Phone Number:</td>
<td></td>
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</tbody>
</table>

Request for registration in the following Creighton University course:

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Title:</th>
<th>Term / Year:</th>
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</thead>
</table>

Verification:

- [ ] The student(s) listed below are in good academic standing at this institution.
- [ ] The course listed above will be accepted for transfer to the home institution.

Home Institution’s Dean Signature

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Request Date:</th>
</tr>
</thead>
</table>

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

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