

# VISITING STUDENT RESPONSE FORM

I have attached this form with my essay to indicate that I understand and agree with the guidelines of the F.I.T. Visiting Student Program, and that I have the permission of my present college to participate in the program.

I understand that if I am admitted to my chosen major at F.I.T. I will be following the One Year Associate Degree program as it is outlined in the F.I.T. Catalogue and that I must complete at least 30 credits in residence at F.I.T. before I will be eligible to receive the F.I.T. Associate in Applied Science Degree. I further understand that I will receive my degree from F.I.T. after I have completed the Bachelor Degree requirements from the college I am now attending. \*\*\*\*\* ANY FINANCIAL AID MUST BE PROCESSED BY THE HOME SCHOOL NOT FIT \*\*\*\*\*

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_

\_\_\_\_\_  
Name of College You Currently Attend

\_\_\_\_\_  
Intended Major at F.I.T.

Expected F.I.T. Entry Date:    Fall 200\_\_\_\_    Spring 200\_\_\_\_

Date of High School graduation or receipt of GED \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

This applicant has my permission to participate in the FIT visiting student program.

\_\_\_\_\_  
Name of Campus Liaison (Please Print)

\_\_\_\_\_  
Signature of Campus Liaison

\_\_\_\_\_  
Date