VISITING STUDENT RESPONSE FORM

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 the entire degree program 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 at the college I am now attending. **** ANY FINANCIAL AID MUST BE PROCESSED BY THE HOME SCHOOL.

_____ _____

First Name Last Name

FIT application ID# if known @_____

Date of Birth _____

Email address_____

_____ _____

Name of College You Currently Attend Intended Major at F.I.T.

Expected F.I.T. Entry Date: Fall 20____ Spring 20____

Date of High School graduation or receipt of GED _____

_____ _____

Signature of Applicant Date

This applicant has my permission to participate in the F.I.T. Visiting Student program

_____

Name of Campus Liaison (Please Print)

_____

Signature of Campus Liaison