



AZM UNIVERSITY

REGISTERED VISITING STUDENT FORM

Term of study applied for: Academic year:

Visiting student information

Name ID#
Last First Middle

Faculty Major Semester/Year

Email Telephone # Mobile

Details of Current & Previous Education:

University attended	Start year	Year of completion	Number of courses/credits completed	Main subject	Qualification obtained or studying for

Student's Signature: Date:

Advisor's Signature: Date:

Registrar's Office Use Only:

Date Received Approved
Date Processed Return to Student
Processed By Signature