



Visiting Student Application



Student Demographic Information

_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	
Social Security #	Date of Birth	
_____	_____	
Gender	Ethnicity (optional)	

Permanent Street Address		

_____	_____	_____
City	State	Zip

Telephone	Cell or Other Phone	

Local Street Address		

_____	_____	_____
City	State	Zip

Emergency Contact	Relation	Telephone

Home Institution Student Information

Home Institution: University of the Arts
 Peirce College

Home Institution Student ID#

Home Institution Program of Study (degree/major)

Home Institution Minor or Concentration

Home Institution Student Email Address

Exchange Institution Student Information

• To be completed by the exchange institution:

Exchange Institution Student ID#

Exchange Institution Student Email Address

Approvals & Processing

Student's Signature: _____	Date: _____
Home Institution: _____	Date: _____
Exchange Institution: _____	Date: _____

Office of the Registrar
University of the Arts
320 S. Broad Street
Philadelphia, PA 19102

Email: registrar@uarts.edu
Fax: 215-717-6417
Phone: 215-717-6420

Office of the Registrar
Peirce College
1420 Pine Street
Philadelphia, PA 19102

Email: info@peirce.edu
Fax: 215-893-4347
Phone: 215-670-9380