



University of the Arts

Visiting Student Registration Form



Student Information

Last Name _____ First Name _____ Middle Name _____
 Home Institution: University of the Arts Peirce College
 Have you previously participated in this exchange program? No Yes
 Home Institution: Program of Study (degree/major) _____ Exchange Institution: Student ID # _____
 Home Institution: Minor or Concentration _____ Exchange Institution: Student Email Address _____
 Home Institution: Student ID # _____
 Home Institution: Student Email Address _____

Course 1: Registration Information

Term: Fall Spring Year: 20_____
 Course Subject and Number _____ Section _____ Title _____ Credits _____
 Meeting Day(s) and Time(s) _____ Course Start and End Dates _____
 I would like to: Register for this course. Drop this course. Withdraw from this course. Last date of attendance: _____
 Student's Signature _____ Date _____

Course 2: Registration Information

Term: Fall Spring Year: 20_____
 Course Subject and Number _____ Section _____ Title _____ Credits _____
 Meeting Day(s) and Time(s) _____ Course Start and End Dates _____
 I would like to: Register for this course. Drop this course. Withdraw from this course. Last date of attendance: _____
 Student's Signature _____ Date _____

Approvals & Processing

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