

Inter-Institutional Study Application

For use by full-time undergraduate students only

Date: _____

To: Registrar of: (choose one)

University of Rhode Island

Community College of Rhode Island

From: Rhode Island College, Director of Records.

This is to certify that, Name: _____,

Student ID Number: _____ Social Security (last 4) _____

has paid full time tuition at Rhode Island College, is a matriculated undergraduate enrolled in a minimum of five (5) credits, and is eligible to enroll in up to seven (7) credits at your institution, under the inter-institutional exchange policy. The total number of credits taken at all institutions combined must be 18 or less.

Which semester? Fall Spring _____
(year)

Courses of which registration is requested:

Department name/course/section

Number of credits:

Thank you for your assistance.

Records Office Administrator:

Office Use Only:

Full-time student? _____
(records staff initials)

Distribution: Bursar Office, Financial Aid, Student.

FORM MUST ACCOMPANY AUTHORIZATION OF CREDIT FORM