

**Inter-Institutional Study Application  
for  
Community College of Rhode Island,  
Rhode Island College**

To: \_\_\_\_\_  
Institution

From: University of Rhode Island, Enrollment Services

This is to certify that \_\_\_\_\_  
Name

Student Social Security number: \_\_\_\_\_

Semester: \_\_\_\_\_

Has paid full time tuition at the University of Rhode Island, is a matriculated undergraduate, and eligible to enroll up to seven (7) credits at your institution, under the Inter-Institutional policy. The total number of credits taken at all institutions combined must be 19 or less.

Course Code	Course Title	Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____

Deans Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Enrollment Services Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SEAL: