

INTER-INSTITUTIONAL STUDY APPLICATION

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dean's Signature: _____ Date: _____

Enrollment Services Signature: _____ Date: _____

SEAL: