

# UNIVERSITY COLLEGE/URI

## PRIOR APPROVAL FOR OFF-CAMPUS STUDY

\_\_\_\_\_

Last NameFirstMIE-Campus ID Number

\_\_\_\_\_

Home Street AddressHome CityStateZip

**PROCEDURE FOR UNIVERSITY COLLEGE STUDENT:**

1. Obtain course description from institution where course work will be taken either via the web or catalog (this is not required if the course work will be taken from Rhode Island College or the Community College of Rhode Island).
2. Take course description(s) to the chairperson of the University department that offers the equivalent course and request his/her signature.
3. Return the signed form to the receptionist in University College, First Floor North, Roosevelt Hall
4. Upon completion of course(s), request a transcript to be sent to:

University College/URI  
 Records Office #117  
 90 Lower College Road, Suite 12  
 Kingston RI 02881

I request permission to have work taken at \_\_\_\_\_ during the \_\_\_\_\_ term,  
 evaluated and posted to my University transcript.

			Student's Signature		Date
Course at OTHER institution	Title	Credit	University Equivalent	Credit	Department Chair Signature or Pre-Approved by/Year
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Please Note:**

1. PRIOR APPROVAL ASSURES CREDIT FOR WORK TAKEN AT ANOTHER POSTSECONDARY INSTITUTION PROVIDED A SATISFACTORY GRADE IS EARNED (C or better at all institutions except Rhode Island College and Community College of Rhode Island from which a C- or a D is accepted as free elective credit).
2. Credits for courses taken at other institutions will transfer, but not the actual letter grade earned; therefore, the grades earned in these courses will not affect a student's quality point average.

\_\_\_\_\_\_\_\_\_\_

University CollegeDate

Dean's Signature