

**Inter-Institutional Study Application for:
The University of Rhode Island,
The Community College of Rhode Island**
For use by undergraduate students only.

Date: _____

To: Registrar of

From: Rhode Island College, Director of Records.

This is to certify that, Name: _____,

Social Security Number: _____,

has paid full time tuition at Rhode Island College and is eligible to study under the Interinstitutional policy at your institution. The total number of credits taken at all institutions combined must be 18 or less.

Courses of which registration is requested:

Department name/course/section	Number of credits:
_____	_____
_____	_____
_____	_____

Thank you for your assistance.

Records Office Administrator:

Distribution: Bursar Office, Financial Aid, Student.

SPRING _____ SUMMER _____ FALL _____ YEAR _____

FORM MUST ACCOMPANY AUTHORIZATION OF CREDIT FORM