



Inter-Institutional Study Application

Rhode Island College Records Office

****This form is for use by Full-Time Undergraduate Students ONLY** FORM MUST ACCOMPANY AUTHORIZATION OF CREDIT FORM****

Date:

To: Registrar of (choose one):

- The University of Rhode Island
- Community College of Rhode Island

From: Rhode Island College, Records Office

This is to certify that, ,
Student's Name Student ID #

has paid full-time tuition at Rhode Island College, is a matriculated undergraduate student 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.

Semester Year

Course(s) of which registration is requested:

Department Name/Course Title/Section	Number of Credits
<hr/>	<input type="checkbox"/>
<hr/>	<input type="checkbox"/>
<hr/>	<input type="checkbox"/>

Thank you for your assistance.

Records Office Administrator

Department/Office Use Only

Full-Time Student? Number of Credits Records Staff Initials

Distribution: Bursar Office, Financial Aid, Student