

## 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:						
	choose one): sity of Rhode Island v College of Rhode Is	land				
From: Rhode Isla	and College, Record	s Office				
This is to certify	that,	Student's Na	me	,	Student ID	#
in a minimum of	e tuition at Rhode Isl five (5) credits, and astitutional exchange be 18 or less.	l is eligible t	o enroll in	up to seven	(7) credits at you	r institution,
Semester			Year			
Course(s) of whi	ch registration is req	juested:				
Department Name	e/Course Title/Section		_ _ _	Num	nber of Credits	
Records Office						
Department/Of	fice Use Only					
Full-Time Student?	Number of C	Credits	Records S	Staff Initials		
Distribution: Burso	ır Office. Financial Aic	d Student				