

PRIOR APPROVAL FOR OFF-CAMPUS STUDY

Name (last, first, middle initial)	Student ID number
Address (street, city, state, zip)	

Enrolled in:

- | | |
|--|---|
| <input type="checkbox"/> Arts and Sciences
<input type="checkbox"/> Business
<input type="checkbox"/> Engineering
<input type="checkbox"/> Environment & Life Sciences
<input type="checkbox"/> Feinstein Education & Professional Studies | <input type="checkbox"/> Health Sciences
<input type="checkbox"/> Nursing
<input type="checkbox"/> Pharmacy
<input type="checkbox"/> UC for Academic Success |
|--|---|

PROCEDURE FOR STUDENT:

1. Obtain current catalog from the institution where the course work will be taken (this is not required if the course work will be taken from Rhode Island College or the Community College of Rhode Island).
2. Take the catalog to the chairperson of the University department that offers the equivalent course and request his/her signature (CCE students need not complete this step).
3. Return the signed form to the dean of your college for final approval and confirmation that the course will fulfill degree requirements.
4. Upon completion of the course(s), Request that a transcript be sent to the dean of the college in which you are enrolled (see list on the back of this form for the address of your dean).

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

Academic Year: 20__ - 20__ Signature: _____ Date: _____

Course at OTHER institution	Title	Credit	University Equivalent	Credit	Chairperson's Signature	Chairperson's Printed Name	*

* In the box provided, check any Course Equivalency you do not wish to be added to URI's prior approved course database.

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 The Community College of Rhode Island from which a C- or a D is accepted but only as a free elective).
2. The credits for courses taken at another institution will transfer but not the actual letter grade earned; therefore, the grades earned in these courses will not affect a student's grade point average.
3. If you wish to apply for Federal Financial Aid you must obtain your Academic Dean's approval for these courses and fill out the consortium agreement attached.

_____ Academic Dean's Approval _____ Date



Send your application to the appropriate dean's office:

College of Arts and Sciences
Office of the Assistant Dean
Chafee Social Science Center
142 Flagg Rd., Kingston, RI 02881
p. 401.874.2566 f. 401.874.2892
uricas@uri.edu

College of Business
Office of the Assistant Dean
Ballentine Hall
7 Lippitt Rd., Kingston, RI 02881
p. 401.874.2337 f. 401.874.4312
cob@etal.uri.edu

Feinstein College of Education & Professional
Studies Office of the Assistant Dean
Chafee Social Science Center
142 Flagg Rd., Kingston, RI 02881
Shepard Building
80 Washington St., Providence, RI 02903
p. 401.277.5160 f. 401.277.5168
cepsacademicaffairs@etal.uri.edu

College of Engineering
Office of the Assistant Dean
Bliss Hall, Rm 420
1 Lippitt Rd., Kingston, RI 02881
p. 401.874.5985 f. 401.782.1066

College of the Environment & Life
Sciences Office of the Assistant Dean
Center for Biotechnology & Life Sciences
120 Flagg Rd., Kingston, RI 02881
p. 401.874.5026 f. 401.874.4385
cels@uri.edu

College of Health Sciences
Office of the Assistant Dean
Quinn Hall
55 Lower College Rd., Kingston, RI 02881
p. 401.874.2125 f. 401.874.2581
chs@etal.uri.edu

College of Nursing
Office of the Assistant Dean
White Hall
39 Butterfield Rd., Kingston, RI 02881
p. 401.874.2766 f. 401.874.2753
nurse@uri.edu

College of Pharmacy
Office of the Assistant Dean
Avedisian Hall
7 Greenhouse Rd. Kingston, RI 02881
p. 401.874.5888 f. 401.874.5014
pharmacol@etal.uri.edu

University College for Academic Success
Office of the Assistant Dean
Roosevelt Hall
90 Lower College Rd., Kingston, RI
02881 p. 401.874.2993 f. 401.874.5085
enikitas@uri.edu

Consortium Agreement

University of Rhode Island Consortium Agreement

Student Name: _____ **Student Id:** _____

Section B: (To be completed by the Financial Aid Office at the Host School)

Host School Information

Name of School/Program: _____

Address: _____

Cost of Attendance:

Tuition and fees \$ _____
 Room and Board \$ _____
 Books and Supplies \$ _____
 Transportation \$ _____
 Personal/Misc. \$ _____
 Other _____ \$ _____

Registered Credits:

Fall _____
 Spring _____
 Summer _____

Program Dates:

Fall Start date: _____ End date: _____
 Spring Start date: _____ End date: _____
 Summer Start date: _____ End date: _____

TOTAL: \$ _____

CERTIFICATION

- A. The Host School certifies that the student has been accepted for enrollment in the program listed above.
- B. The Host School agrees not to pay the student Pell Grant and/or campus-based funds or process a Federal Direct Student Loan during the enrollment period listed above. Further, the Host School agrees to notify The University of Rhode Island if the student withdraws from the program before its conclusion. Satisfactory conclusion of the program will be evidenced by an academic transcript upon written request of the student.
- C. The University of Rhode Island agrees to provide payment to the student, if eligible, for the appropriate period of time. Payment will be made in such a manner as agreed to between the Home School and the student. It is the student's responsibility to pay the Host School.

On behalf of the Host School:

Name Signature

Title Date Phone Number

Email Contact

On behalf of The University of Rhode Island:

Name Signature

Title Date Phone Number

