INTERINSTITUTIONAL STUDENT EXCHANGE: R.I. PUBLIC INSTITUTIONS (S - 7.0)

**Purpose:** To enable students matriculated at one of the public institutions of higher education to take courses at one of the other public institutions without the payment of additional tuition.

**Regulation:** Any full-time student matriculated at one of the public institutions of higher education in Rhode Island may enroll for a maximum of seven (7) credit hours of his/her full-time schedule per semester for study at one of the other public institutions at no additional expense. Each institution will determine and maintain the integrity of the degree to be awarded. Students will be subject to the course selection process applicable at the receiving institution. Summer session and continuing education registrants are not covered under this program.

For the purpose of information, each institution will publish the above regulation in its graduate and undergraduate catalogs. The institutions will adopt their existing credit transfer procedures to this program.

**Application Instructions:** To participate in the Interinstitutional Student Exchange Program the following steps in the application process must be completed:

1. Seek academic advice from a CCRI Academic Advisor.
2. Return signed application to home institution (CCRI Office of Enrollment Services) for review.
3. Pick-up Interinstitutional Student Exchange Application (if approved), when notified by your home institution and
4. Pay full-time tuition at Bursar’s office before the end of the add-period at your home institution.
5. Register for classes when eligible to do so at host institution. Bring signed Interinstitutional Student Exchange Application with you when signing up for your course(s) at host institution & have representative sign the Interinstitutional Student Exchange Application after registering.
6. Return a copy of the Interinstitutional Student Exchange Application to your home institution (CCRI Office of Enrollment Services) once registered at the host institution by the end of the drop-period at your home institution, in order to participate in the program.

**Please note:** If you do not register for approved classes please notify your Records Department at your home institution for proper adjustments to your account. This must be done before the stated drop period at your home institution.

The host institution cannot hold classes for you while this authorization is in process. You have the full responsibility to comply with CCRI, RIC or URI procedures to retain your scheduled courses.

**Glossary of Terms**

**Full-time tuition:** In a full term, Undergraduate students are assessed full time tuition for registration from 12 - 18 credit hours.

**Home institution:** Your home institution is the college or university where you are enrolled and matriculated as a student. You will have a student number that certifies this. Your home institution is where you are pursuing a program of study, where all of your credits are held, where all transcripts will be issued, and where you are awarded financial aid (if eligible).

**Host institution:** A host institution is any university or college other than your home institution. For example, if your home institution is CCRI and you are taking courses at RIC or URI, your host institution would be RIC or URI.

**Matriculated:** A matriculated student is one who has applied and has been officially accepted to a college or university through an undergraduate admission process and is considered to be pursuing a degree.

**Non-degree/non-matriculated:** A non-matriculated student is one who is enrolled on a semester-by-semester or course-by-course basis and has not been accepted as a regular student pursuing a degree.
Authorization of Interinstitutional Student Exchange Application

To: The Registrar/Records Office of (Host Institution):  RIC ____  URI ____  Semester: ________________

From Home Institution: Community College of Rhode Island, Office of Enrollment Services

The following student (print name):_______________________________________ ID number: ______________________

CCRI E-mail: ______________________________________ Phone #: ______________________

Is a full-time matriculated undergraduate student and will be charged full-time tuition at his/her home institution; therefore, s/he is eligible to enroll in up-to seven (7) credits at your institution, under the Interinstitutional Student Exchange Policy.

**Classes registered for at CCRI (Home Institution):**

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<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
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Credit hours to be taken at CCRI: ______

**Desired course(s) at RIC/URI (Host Institution):**

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<th>Course Code</th>
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Credit hours to be taken at RIC/URI: _____ (Must be 7 or less)

Total Credit hours at CCRI & RIC/URI _____ (Must be between 12-18)

Have you or will you be applying for financial aid*?  Yes _____ No _____  *Note: In accordance with the U.S. Dept. of Education regulations, financial aid recipients cannot be awarded aid for classes that do not count toward their degree or certificate program requirements.

I understand the requirements to participate in this program. Following completion of the course(s) at the host institution, I authorize my official transcript to be sent back to my home institution to have my academic record updated.

Student’s signature: ______________________________________________________ Date: ______________________

**Start application process at home institution:**

1. Academic Advisor Signature: _____________________________________________ Date: ______________________

   All courses applicable to student’s major: Yes ____  No ____  Note: ________________________________

   Courses must apply to the student’s degree program at the home institution if the student is seeking financial aid.

2. OES staff signature (form received at CCRI Office of Enrollment Services): __________________________ Date: _______

3. Registrar/Records Signature: ___________________________________________ Date: _______  College Stamp

4. Payment Arrangements (only 1 signature required in this section):
   - Student has been awarded Financial Aid to pay for tuition and fees: Yes ____  No ____  Note: ________________________________
   - Financial Aid Signature:

     OR
   - Bursar Signature: (student has made arrangements to pay full-time tuition) ________________________________

5. Staff signature at host institution (confirmation of student registration) __________________________ Date: _______

6. OES staff signature (student returned completed form to home institution): _________________________ Date: _______

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