

VISITING AWAY/DOMESTIC PROGRAM APPLICATION INSTRUCTIONS

DEAR APPLICANT:

Prior to completing this application, please read these instructions carefully.

General Instructions

- Submit completed application by the following deadlines:
 - March 15:** if you wish to visit away during UR's fall term or for a full academic year.
 - October 15:** if you wish to visit away during UR's spring term.
- Your application is not complete without the all of the following **required signatures**:
 - the Residential Dean (Westhampton or Richmond)
 - the Dean of your academic school
 - your academic advisor
 - Student Accounts to verify your Richmond account is clear
- Be sure to have all required signatures before bringing the completed application to the Office of the University Registrar.

Components of a Complete Application

Note: These forms are to be submitted to the Office of the University Registrar

1. Completed UR Application for Visiting Away/Domestic Program.
2. Copy of your application to an approved domestic program.

Acceptance Procedure

- Once you have submitted a complete application, you will receive the following forms:
 - UR Approval Form
 - Advanced Transfer Work Approval form
 - Proxy-Registration Form
- Once you have been approved by UR, you must still submit a copy of the acceptance from the visiting away institution as soon as possible. This should be submitted to the Office of the University Registrar.

APPLICATION FOR VISITING AWAY/DOMESTIC PROGRAM

NOTE: The signatures of your Dean(s), Academic Advisor and Student Accounts are **required**.

PERSONAL INFORMATION

Name: _____ ID Number: _____
Last Name First Name Middle Name

Date of Birth: _____ Gender: _____
(mm/dd/yy) Male or Female

Country of citizenship: _____

E-mail address: _____ Home E-mail: _____

Anticipated Year of Graduation: _____

Current Campus/Local Address: (valid until _____/_____/_____)
(mm/dd/yy)

P.O. Box or Street Address City State Zip Code Telephone Number

Permanent Address:

P.O. Box or Street Address City State Zip Code Telephone Number

ACADEMIC INFORMATION

Major(s): _____ *Note: you must have declared your major before submitting this application

Minor(s) and/or area of concentration: _____

Current classification (circle one): Yr. 2 Yr.3 Yr. 4

Total number of credits completed towards graduation after this current term: _____

Cumulative G.P.A.: _____ Major G.P.A.: _____
(Indicate major, if more than one)

List courses you will have completed in your major (s) before visiting away:

List courses you will need to take in your major (s) upon returning to UR.

VISITING AWAY/DOMESTIC PROGRAM INFORMATION

Year and Term Visiting Away/Domestic _____ (circle one) Year-long Fall Term Spring Term

STUDY PLAN AT UR DOMESTIC AWAY PROGRAM

Consult the catalog of the university to which you are applying and complete the information below. If you must take a certain course, please mark it with an asterisk. In most cases, you will register for courses upon arrival at the visiting away institution, so it is important to be flexible. You may not be guaranteed placement in these courses. You should list all possible courses you would like to take keeping in mind that a full course-load can vary from institution to institution. Consult your visiting away program information for further details.

This does not constitute approval of transfer credit for these courses. If you are accepted to a domestic program, it is still necessary to complete the Advanced Transfer Work Approval form.

NAME OF INSTITUTION YOU PLAN TO VISIT: _____

	Subject code and course number	Course Title	Term
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

Discuss your academic preparation for the proposed program and its relevance to your academic interests.

By submitting this form, I state my intention to visit away for the term indicated on page 1. If after my program has been approved, I decide NOT to go, it is my responsibility to notify the Office of the University Registrar in writing. By failing to do so, I risk loss of course registrations and campus accommodation for the term I plan to visit away.

I acknowledge that it is my responsibility to discuss with my academic advisor the implications of a term visiting away for my future study at UR and in graduate programs. I understand the procedures required for the transfer of credits from visiting away.

Signed: _____ Date: _____

REQUIRED SIGNATURES

Upon review of this student's application, (please check one):

- I support**
- I do not support**

this student's application for visiting away.

Signed: _____
Dean (RC or WC)

Date: _____

-
- I support**
 - I do not support**

this student's application for visiting away.

Signed: _____
Dean (A&S, Business or Leadership)

Date: _____

-
- I support**
 - I do not support**

this student's application for visiting away.

Signed: _____
Academic Advisor

Date: _____

-
- I support**
 - I do not support**

this student's application for visiting away.

Signed: _____
Office of Student Accounts

Date: _____