

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 1:** if you wish to visit away during UR's fall term or for a full academic year.
 - November 1:** if you wish to visit away during UR's spring term.
- Your application is not complete without all of the following **required signatures**:
 - the College 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.
- Be sure the program is one that has been approved by the Academic Council of the appropriate school.

Acceptance Procedure

- Once you have submitted a complete application, you will receive an e-mail indicating your approval or denial of your participation in the visiting away program, once all materials have been reviewed.
- 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

UR email address: _____

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 Cumulative G.P.A.: _____

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

VISITING AWAY/DOMESTIC PROGRAM INFORMATION

Name of Visiting Away Institution and Program: _____

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

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 above. 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. Furthermore, I understand that approval to visit away does not constitute approval of the transfer of credits from the visiting away program towards specific major/minor/general education requirements. It is necessary to complete the online Transfer Work Approval form for courses from the visiting away program that are to be used to fulfill major/minor/general education requirements.

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: _____