

# VISITING AWAY (DOMESTIC) PROGRAM STUDENT INSTRUCTIONS & APPLICATION

## 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 following *required signatures*: the Residential Dean (Westhampton or Richmond), the Dean of your academic school, your academic advisor, and Student Accounts.
- 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 Visiting Away/Domestic Program Application.
2. Copy of your application or acceptance letter to an approved domestic program.
3. Essay.
4. Two UR Recommendations:
  - Two University of Richmond references are required from each applicant. One of the references must be from a professor in your major. (See Recommendation Forms (2) and envelopes enclosed.)
  - If you know your academic advisor well, it is preferred that your advisor completes one of the recommendation forms. If not, have another professor in your major complete the second form.
  - One recommendation may be from a current supervisor at the University of Richmond.
  - Peer or family recommendations are not acceptable.
  - Recommendations should be sealed with the signature of your reference across the back of the envelope. Students should hand carry these to the Office of the University Registrar.

### Acceptance Procedure

- Once you have submitted a complete application, you will receive notification of a decision from the Office of the University Registrar from one or two weeks.
- If you are accepted, you will also receive the following forms: UR Acceptance Form, Transfer Work Approval form, and 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: 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 \_\_\_\_\_ 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.

Completion of this section does not constitute approval of transfer credit for these courses. If you are accepted to a visiting away program, it is still necessary to complete the Transfer Work Approval form for all courses to receive transfer credit.

**NAME OF INSTITUTION YOU PLAN TO VISIT:** \_\_\_\_\_

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

**ESSAY \* USE 8 1/2 x 11 PAPER ONLY\***

*Attach a separate piece of paper to this application. Please type or print clearly.*

In your essay, you should discuss your academic preparation for the proposed program and its relevance to your academic interests.

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By submitting this form, I state my intention to visit away for the term indicated. If after I have been approved for visiting away status 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: \_\_\_\_\_

## RECOMMENDATION FORM

**To the student:** Please follow the instructions on the cover sheet. When meeting with the individual who will complete this form, be sure to take with you a copy of the information about the program to which you plan to apply.

I hereby waive my right to access this confidential recommendation as provided in the Family Educational Rights and Privacy Act of 1974, as amended.

I do not waive the above-mentioned right.

Student's Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Proposed Program: \_\_\_\_\_

**To Recommender:** Please return this form directly to the student in the attached envelope, sealed, with your signature across the seal. **If you have any questions, please call the University Registrar.**

This student is seeking approval for participation in an approved visiting away/domestic program and, if approved, will earn transfer credit to the University of Richmond. The student should have demonstrated maturity and academic preparation appropriate for the proposed program. The program must be relevant to his/her on-campus curriculum. He/she must demonstrate adequate academic performance (most programs require a G.P.A. of 2.50 or above).

Your comments below are critical in accessing the student's suitability for visiting away.

1. For how long and in what capacity have you known the student?
2. Have you had this student in any of your courses?
3. Do the student's study plans fit into his/her curriculum, major and personal objectives?
4. In your judgment, are the student's visiting away plans worthy of credit?

5. On a scale of 1 to 5, as explained below, please compare this student to other advisees.

- 1 = Excellent
- 2 = Very Good
- 3 = Good
- 4 = Below Average
- 5 = Unable to judge (*this will not be held against the student*)

	Please circle appropriate number				
Academic Ability:	5	4	3	2	1
Cooperation:	5	4	3	2	1
Adaptability:	5	4	3	2	1
Initiative and Motivation:	5	4	3	2	1
Open Mindedness:	5	4	3	2	1
Maturity:	5	4	3	2	1
Emotional Stability:	5	4	3	2	1
Relationship with Peers:	5	4	3	2	1
Relationship with Authority Figures:	5	4	3	2	1
Accountability and Responsibility:	5	4	3	2	1
Good Representative of UR:	5	4	3	2	1
Overall Recommendation:	5	4	3	2	1

6. What is your overall assessment of this student's intellectual strengths and weaknesses?

7. Other comments:

*Thank you for your time and cooperation.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_  
*Please Print*

Signature: \_\_\_\_\_

***STUDENT TO RETURN TO THE OFFICE OF THE UNIVERSITY REGISTRAR WITH YOUR SIGNATURE  
ACROSS THE UNBROKEN SEAL***