

Raymond M. Wright Ph.D., P.E.  
Associate Dean COE

874-5985

## Freshman Orientation

- Advising for 1<sup>st</sup> Semester Fall Registration
- IEP Program
- General Education Course Listings
- Math Exam/Placement (MTH 111 vs MTH 141)
- New England Regional Program

May 17, 2008

GENERAL EDUCATION COLLEGE OF ENGINEERING

All students in Engineering must satisfy the University General Education requirements as follows:

**Mathematics (M) – 3 credits.** This is satisfied with required courses.

**Natural Science (N) – 6 credits.** This is satisfied with required courses.

**SELECT COURSES FROM THE LIST BELOW:**

**English Communications (EC/Cs) – 6 credits.** A minimum of 3 credits must be a course designed specifically to improve written communication skills.

**Fine Arts & Literature (A) – 6 credits.**

**Letters (L) – 6 credits.**

**Social Sciences (S) – 6 credits.** 3 credits of this are satisfied by ECN 201.

**Foreign Culture or Language (F) – 3 credits**

**ENGLISH COMMUNICATIONS (6 CREDITS)**  
Select from catalog list (including 3 credits in writing)

**FINE ARTS & LITERATURE (6 CREDITS)**  
Select from catalog list. (IEP students select FINE ARTS only. Literature requirement met by foreign language degree)

**LETTERS (6 CREDITS)**  
Select from catalog list. (IEP 316 required of DME, MCE, and OCE students)

**SOCIAL SCIENCES (6 CREDITS, 3 CREDITS are satisfied by ECN201)**  
Select one course from catalog list, plus ECN 201. (ECN 201 & 202 required of DME students)

**FOREIGN CULTURE (3 CREDITS) or appropriate level FOREIGN LANGUAGE**  
Select from catalog list

University  
of Rhode Island

CATALOG 2005-2006

UNIVERSITY OF RHODE ISLAND

**GENERAL EDUCATION REQUIREMENTS**

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Select one course from catalog list, plus ECN 201. (ECN 201 & 202 required of DME students)

**FOREIGN CULTURE (3 CREDITS) or appropriate level FOREIGN LANGUAGE**  
Select from catalog list

THE UNIVERSITY OF RHODE ISLAND

**NEW ENGLAND REGIONAL STUDENT PROGRAM (NERSP)**

It is the student's responsibility to apply for NERSP status, initiating a change of college and/or major form will not, in itself, result in a change to NERSP status.

NERSP status will not be made effective for a semester if the completed authorization form and a change of college and/or major form are not completed, signed by the academic dean, and filed in the Office of the Registrar before the end of the "last" period. NERSP status cannot be made retroactive to previous semesters.

Students enrolled in NERSP programs must, each semester, make normal progress toward completion of the program. Students who are not making progress or who change programs will lose their NERSP authorization and may be subject to payment of nonresidence tuition for the current and past semesters if applicable. An adjusted bill will be prepared by the Registrar.

Questions concerning the NERSP program should be directed to:  
Undergraduate students—Student's Academic Dean  
Graduate students—Mr. Robert Turcotte, Graduate School

\*\*\*\*\*

**CERTIFICATION**

I have read the foregoing statements and understand the conditions under which I am enrolled in the NERSP program. I also certify that the information relative to my college and major at the University and my home state is accurate and true.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

**PLEASE PRINT**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Student ID Number \_\_\_\_\_

Change | Join | Just of NERSP status, effective for | Fall | Spring 198\_\_\_\_

Current Eligible Program Code \_\_\_\_\_ Home State \_\_\_\_\_

Signature of Student's Academic Dean \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

Codes and Abbreviations: yellow=home, pink=student

## University College

- Roosevelt Hall
- Advisor by Department
- Advisor for Undecided
- Registration Holds
- Second Grade Option
- Transfer Credit Evaluation
- Transfer to Degree Granting College

THE UNIVERSITY OF RHODE ISLAND Enrollment Services

**SECOND GRADE OPTION**

To: Office of Enrollment Services

Please adjust the quality point average and the academic record of the student named to reflect the repetition of the course listed below PROVIDED A LETTER GRADE (A-F INCLUSIVE) IS EARNED IN THE REPEATED COURSE.

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Course To Be Repeated: Fall 20 \_\_\_\_\_ Summer I 20 \_\_\_\_\_  
Spring 20 \_\_\_\_\_ Summer II 20 \_\_\_\_\_

Course Code: \_\_\_\_\_

When Course Was Originally Taken: Course Code \_\_\_\_\_ Course Title \_\_\_\_\_ Credit \_\_\_\_\_ Grade \_\_\_\_\_ Fall 20 \_\_\_\_\_ Summer 20 \_\_\_\_\_  
Spring 20 \_\_\_\_\_ Summer 20 \_\_\_\_\_ 2

Approved: \_\_\_\_\_ Academic Dean \_\_\_\_\_ Date \_\_\_\_\_  
College: \_\_\_\_\_

Enrollment Services Office Use: Section \_\_\_\_\_ Roster Page \_\_\_\_\_ Final Mark \_\_\_\_\_ Not Registered \_\_\_\_\_  
Distribution: Enrollment Services (white), Dean (yellow), Student (pink) \_\_\_\_\_ NR Grade \_\_\_\_\_

The University of Rhode Island TRANSFER CREDIT EVALUATION

ADMITTED TO: \_\_\_\_\_ FOR THE: \_\_\_\_\_ YEAR BEGIN: \_\_\_\_\_

NAME: \_\_\_\_\_ OF \_\_\_\_\_ PRG: \_\_\_\_\_

STUDENT ID NUMBER: \_\_\_\_\_

CLASS YEAR: \_\_\_\_\_

AMMUNITIONARY JURY CURRICULAR CODES: \_\_\_\_\_

RECORD PRESENTED: \_\_\_\_\_ MARK: \_\_\_\_\_ UNIV. RL COURSE CODE: \_\_\_\_\_ DEPT: \_\_\_\_\_

REMAINING: \_\_\_\_\_

STUDENT - PLEASE NOTE: This evaluation will become permanent unless you wish the Dean's office to re-evaluate credits and mark.

CHANGE OF COLLEGE AND/OR MAJOR (U.S. STUDENTS - Preferred Major)

PLEASE TYPE OR PRINT:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

1. In which major(s) or preference(s) are you currently enrolled? \_\_\_\_\_

2. In which major(s) or preference(s) are you seeking to enroll? \_\_\_\_\_

3. Effective for the:  fall semester, 20\_\_\_\_  
 spring semester, 20\_\_\_\_

4. If the change of major results in a change of college, the acknowledgment of the dean of the college in which you are currently enrolled is required.

Signature of Dean of current college: \_\_\_\_\_ Date: \_\_\_\_\_

5. All changes of major or preference require the signature of the dean of the college into which enrollment is sought.

Signature of Dean of college in which enrolling: \_\_\_\_\_ Date: \_\_\_\_\_

Approve  
 Disapprove

COODES: \_\_\_\_\_

Program 1: \_\_\_\_\_ Program 2: \_\_\_\_\_ Adm. Unit: \_\_\_\_\_ Class: \_\_\_\_\_

## Sophomore/Junior Years

- Letter from COE indicating your advisor
- Registration Holds
- Change of Grades
- CCRI
- Petitions

Rhode Island Exchange Program

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 higher full-time schedule per semester for study at one of the participating public institutions at no additional expense.

SOCIAL SECURITY NUMBER # \_\_\_\_\_

NAME: \_\_\_\_\_

Permission is granted to the above named student to attend \_\_\_\_\_ for the term \_\_\_\_\_

COURSE CODE: \_\_\_\_\_ COURSE TITLE: \_\_\_\_\_ CREDITS: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ICR or CCR Student: \_\_\_\_\_ Code # \_\_\_\_\_

The student listed above is registered for courses at the University of Rhode Island under the student exchange program \_\_\_\_\_ (check yes if applicable) (date)

UR/STUDENT: \_\_\_\_\_ Code # \_\_\_\_\_

The student listed above has permission from his/her academic dean to enroll for courses at RIC or CCR under the Student Exchange Program \_\_\_\_\_ (check yes if applicable) (date)

\_\_\_\_\_ (date)

This is to certify that \_\_\_\_\_ has paid full-time fees at the University of Rhode Island. The course(s) listed below have been approved as satisfying degree requirements in the curriculum for which the student is enrolled:

Course Approval: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
College/Curriculum: \_\_\_\_\_  
Date: \_\_\_\_\_  
Date: \_\_\_\_\_

Robert Strabel  
Regional  
Acting Director of Enrollment Services





# FE/EIT Professional Registration

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
STATE BOARD OF REGISTRATION FOR  
PROFESSIONAL ENGINEERS**

**BOARD FOR DESIGN PROFESSIONALS**  
1 CAPITAL HILL, 2<sup>ND</sup> FLOOR, PROVIDENCE, RI 02908-2060  
(401) 222-2368 Fax (401) 222-3744

Attach to this application  
completable cover page with fee  
and fee due, and other:

Photograph taken since last six months  
from a professional photographer  
or a licensed physician or optometrist. Professional portrait type  
preferred. Professional portrait type  
required. Fee or replacement type may  
be used.

Attach application on above as follows:

**APPLICATION FOR CERTIFICATION AS AN ENGINEER-IN-TRAINING**

I apply for certification as an Engineer-In-Training in the State of Rhode Island under the provisions of Section 5-4-1(1)(2) of Rhode Island General Laws as amended under the classification marked below.

Check one Classification:

Graduation and Examination (5-4-1(2)(a))

Graduation from a recognized program and examination (5-4-1(2)(b))

Submit copy of Bachelor of Science Degree with this application or within one year from date of this application. Candidate numbers will not be issued without receipt of full payment of the General Treasurer, State of Rhode Island (enrollment check) | money order | | for FORTY DOLLAR amount.

**I. GENERAL INFORMATION**

1. Name (as listed on certificate) \_\_\_\_\_

2. Address (Street) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

4. Date and place of birth \_\_\_\_\_

5. Have you been refused certification by another state? \_\_\_\_\_

6. If so, which? \_\_\_\_\_

7. Are you engaged in engineering work at the present time? \_\_\_\_\_

8. If yes, state occupation (if student, so state with date of graduation) \_\_\_\_\_

9. Memberships in Prof. Societies \_\_\_\_\_

10. Social Security Number \_\_\_\_\_

11. Have you previously taken an EIT test? \_\_\_\_\_ If yes, provide the following percentages:  
 Test \_\_\_\_\_ Year(s) \_\_\_\_\_ Pass \_\_\_\_\_ Fail \_\_\_\_\_

**II. REFERENCES**

List below three (3) persons, one (1) of whom shall be a registered professional engineer familiar with your engineering education and experience. (Do not include relatives or members of the Board.)

Name	Address	Occupation	Relationship

FORM E-1

# Other Forms

**UNIVERSITY OF RHODE ISLAND**

**CONSENT TO RELEASE  
STUDENT RECORDS**

I, \_\_\_\_\_ of \_\_\_\_\_  
 (Student's name) (U.S. address) (Permanent address)

(Student's family consent and grant the University of Rhode Island, Kingston, RI 02881 full authority and permission to disclose and release the following records to \_\_\_\_\_  
 (Name of agency or entity records will be given to)

\_\_\_\_\_ according to the following terms:  
 (Address or person or entity records will be given to)

1. Description of Records to be released: \_\_\_\_\_

2. Reasons for release of Record: \_\_\_\_\_

**Other Restrictions and Conditions**

This Consent to Release Records is limited to those persons expressly named herein. Any further release of records to any other person, group, corporation or other entity of any kind is expressly prohibited without the further written consent of the student.

The records listed above will be released in unedited form except as otherwise provided by the Family Educational Rights and Privacy Act of 1974 and applicable professional and governmental laws and the policies and provisions of the University. THE STUDENT HAS THE RIGHT TO DENY ACCESS TO THE RECORDS LISTED ABOVE AND/OR TO REVOKE THIS CONSENT AT ANY TIME. In signing this consent form, the student and/or the student's legal guardian agrees to permit the release of these records.

Having read and understood this consent form, the student and/or legal guardian has signed below on this day and month:

\_\_\_\_\_ (Student) (Signature of Student)

If the student is under age 18 as of the date of this release, a legal guardian must also sign this consent form.

\_\_\_\_\_ (Witness) (Signature of Guardian)

\_\_\_\_\_ (Signed name of legal guardian)

Submitted and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires \_\_\_\_\_

George Poulos

**EXEMPTION FROM FOREIGN LANGUAGE/CULTURE REQUIREMENT  
Students with a Recognized Immigrant Status**

NAME \_\_\_\_\_ Curriculum \_\_\_\_\_

ID # \_\_\_\_\_

Native country and language: \_\_\_\_\_

Date of immigration (i.e., entry into the United States): \_\_\_\_\_

Immigrant Status verified by (document) \_\_\_\_\_

Waiver approved by \_\_\_\_\_ Advisor \_\_\_\_\_

Dean \_\_\_\_\_

Date of approval \_\_\_\_\_

**UNIVERSITY OF RHODE ISLAND  
PETITION TO APPEAL THE ADD OR DROP DEADLINE**  
(Student entry)

NAME \_\_\_\_\_ UID ID \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

ACADEMIC PLAN \_\_\_\_\_ ACADEMIC PROGRAM \_\_\_\_\_

SEMESTER \_\_\_\_\_ E-MAIL \_\_\_\_\_

ACTION	COURSE	SECTION	CREDIT	TITLE / INSTRUCTOR
ADD				
DROP				
CREDIT CLEARANCE				

**CRITICAL CLEARANCE REQUIRED:** A "C" grade results in a credit/clearance status, while an "F" grade results in a "CRITICAL CLEARANCE" status.

**INSTRUCTIONS FOR STUDENT**

1. Late entry or drop are required under the conditions, circumstances, and support documentation. Full documentation regarding these actions should be provided to your advisor. Late entry or drop requests will be processed on a case-by-case basis.

2. The request must be made prior to the add/drop deadline for the semester. Requests for late entry or drop will not be processed after the add/drop deadline.

3. Student documentation regarding your status of withdrawing from the course and/or a "C" grade request is required to complete the petition.

4. Your advisor must complete the add/drop petition and the petition form.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY COURSE INSTRUCTORS** (Additional comments may be added on back of original form.)

Course	Instructor	Instructor Signature	Date	Approved/Not Approved

**TO BE COMPLETED BY STUDENT'S DEAN**

Approved  Disapproved

Dean's Signature \_\_\_\_\_ Date \_\_\_\_\_

UNIVERSITY OF RHODE ISLAND