In order to have credits taken at a non-UM program count towards your UM degree, complete this packet and obtain the appropriate signatures as indicated on each form. Non-UM programs do not meet the UM requirement of completing the last 45 credits in residence at UM. Only UM programs are considered “in residence”. Students may appeal this policy through their school/college.

**NOTE:** If requesting this status late in the semester before departing or during the semester in which you are studying away, it is the student’s responsibility to notify all departments of the new status. Students are responsible for any charges incurred as a result of not notifying departments, of their intent to study elsewhere and following appropriate check-out procedures. This may include housing, parking or other fees.

Please refer to these definitions when reading the instructions below

1. **Domestic program:** a program that takes places in the U.S., and from which a transcript is issued by an institution within the U.S.
2. **Domestic with foreign transcript program:** a program that takes places in the U.S., and from which a transcript is issued by an institution outside of the U.S.
3. **Foreign program:** a program that takes places outside of the U.S., and from which a transcript is issued by an institution outside of the U.S.
4. **Foreign with domestic transcript program:** a program that takes places outside of the U.S., and from which a transcript is issued by an institution within the U.S.

**APPLICATION (Each semester away requires a separate application)**

**Domestic program:**
1. Complete the Application and Course Equivalency Form only (pages 3-5). You must enter the courses you intend to take with your Non-UM on the left column of the Course Equivalency Form.
2. Print the UM course descriptions for the courses for which you believe you should receive credit.
3. Bring this packet and the printed course descriptions to your Academic Dean’s office for course equivalency approval and obtaining signatures.

**Domestic with foreign transcript, foreign & foreign with domestic transcript programs:**
1. Complete the Application (page 3) first.
2. Bring this packet to the Office of Study Abroad at Hughes House 21D to obtain a signature for institution accreditation.
3. Complete the Course Equivalency Form. You must enter the courses you intend to take with the Non-UM program on the left column.
4. Print the UM course descriptions for the courses for which you believe you should receive credit.
5. For course equivalency approval and obtaining signatures, bring this packet and the printed course descriptions to the Academic Dean’s office of each department you wish to receive credit.
6. Bring this packet to your Academic Dean’s office for information regarding course equivalencies and obtaining signatures.

**Study abroad program participants:** Bring this application to Hughes House 21D for Part III of the Application.

**International students:** Obtain approval signature from the International Student & Scholar Services office (Fall ONLY, not required for summer sessions).
Program Fee: $50/semester (Fall), non-refundable
- The fee will appear on your bill once your paperwork has been processed (an email will be sent to you upon completion of this process).
- Payment must be made no later than the payment deadline/last day to drop without a “W” of the semester in which you are requesting this status or you will be dropped and will lose the benefit of this status and will then have to be readmitted to the University and pay the readmission fee.
- Applications received after the last day to drop without a “W” will not be processed.

COURSE EQUIVALENCY FORM
In order to confirm that courses taken at the outside institution will transfer back to UM correctly, complete the Course Equivalency Form. Bring this form to your Academic Dean’s Office for the procedures for obtaining signatures for course equivalencies. Once course equivalencies are completed, return this form to your Academic Dean’s Office for final approval and the Academic Dean’s signature.
- Include alternate courses should your first choices not be available.
- Courses that will be used to fulfill major and/or minor requirements must be approved by the appropriate UM department.
- Courses taken through a non-UM program must be through an accredited institution and will be considered transfer credit at UM.
- International credit and/or half/quarter semester credit at outside institutions may not transfer back to UM at the normal UM credit equivalency.

Obtaining Credit for Courses
Upon completion of your program, have your official transcript mailed to UM for evaluation.
(Please note a hold will be placed on your registration effective 1 year out and released upon receipt of transcripts.)
University of Miami
Admission
P.O. Box 249117
Coral Gables, Florida 33124-5229
(The locator code (5229) is important!)

STUDY ABROAD STUDENTS
Students who are studying outside of the United States must complete the Student Code of Conduct and Participation Form.
PART I: STUDENT INFORMATION

Name: ___________________________ UM ID #: ___________________ Gender: ___ Male ___ Female
Email: __________________________ Phone: ___________________ U.S. Citizen: ___ Y ___ N
Major(s) at UM: ___________________ Total number of credits completed prior to leaving UM: ______

FINANCIAL AID (MUST complete this section in order for your Non-UM application to be processed.)

1. Do you currently receive Financial Aid? ___ No ___ Yes (If yes, complete the attached Financial Aid form, pg 6.)
2. Would you like to be considered for aid for this program? ___ No ___ Yes (If yes, complete attached Financial Aid form, pg 6.)
3. If you are requesting aid, you MUST submit an official class schedule/course registration to the University of Miami’s Office of Financial Assistance in order for this application process to be completed: Email: ofas@miami.edu or Fax: 305-284-4082.
4. I understand that financial aid can be only awarded for a passing grade of C or higher. If I receive a grade less than a C- for any course that I was awarded financial aid, my financial aid will be adjusted and the balance due on my account will be paid within 10 days.

I understand that it is my responsibility to notify the University of Miami Office of Financial Assistance Services (ofas@miami.edu or 305-284-5212) if I have any changes to the number of credits for which I enroll.

PART II: PROGRAM INFORMATION

A. Please Check ONE:
   [ ] For Study Abroad Students: Name of Program ________________________________
   [ ] For Students Attending Classes in the United States: Name of University/College____________________________

City and State (or Country): ____________________________
Time Period to Study Away: □ Fall: _____ □ Summer I: _____ □ Summer II: _____ □ Intersession: _____
(ONE form for EACH semester) Year Year Year Year

B. Will you be dually enrolled at the University of Miami for the same semester in which you are also studying at the above noted institution? _______ YES _______ NO

PART III: STUDY ABROAD PROGRAMS ONLY: HOST INSTITUTION

VERIFY that credits to be earned abroad are from an accredited institution. The Office of Study Abroad must verify that the requested Non-UM study abroad program is accredited. The Study Abroad representative must confirm that the official transcript issued upon completion of the program abroad is from an accredited institution recognized by the University of Miami. Please attach a description of the program, including relevant contact information about the organization or university issuing the transcript.

Make sure to research the program thoroughly. There are many study abroad programs available to college students and the University of Miami and its agents cannot guarantee the academic integrity or cultural aspects of non-UM study abroad programs. Find out about the quality of a program by contacting the organization directly and ask for references from past participants.

Name of Host Institution __________________________ Name of Institution Issuing Transcript __________________________
Contact Person at Host Institution __________________ Signature of Study Abroad Representative ____________ Date ____________

UM INTERNATIONAL STUDENTS ONLY (Fall ONLY, not required for summer sessions)

Approval from International Student & Scholar Services (ISSS) (Fall ONLY, not required for summer sessions):

ISSS Advisor Signature: __________________ Date: ____________

Scan to: RGCONSOR

Revised 5/14
Complete this form regarding the courses you will take at the outside institution so that the courses earned elsewhere transfer back to UM correctly.

- Include alternate courses should your first choices not be available.
- Courses that will be used to fulfill major and/or minor requirements must be approved by the appropriate UM department.
- Courses taken through a non-UM program must be through an accredited institution and will be considered transfer credit at UM.
- International credit and/or half/quarter semester credit at outside institutions may not transfer back to UM at the normal UM credit equivalency.

Bring this form to your Academic Dean’s Office. The Dean’s Office will advise you regarding the procedure for obtaining signatures for course equivalencies. Once course equivalencies are completed, return this form to your Academic Dean’s Office for final approval and the Academic Dean’s signature.

**Student Name:** ___________________________________________________________________

**Student UM ID #:** ____________________ **School & Major:** __________________________

**Study Abroad Program or U.S. institution:** __________________________________________

**Time Period to Study Away:** ☐ Fall: ____ ☐ Summer I: ____ ☐ Summer II: ____ ☐ Intersession: ____

(ONE form for EACH semester)

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Courses taken abroad or at a U.S. institution approved as UM equivalencies:

1. ______________________  ______________________  Course approved for: (Circle one)
   Course Title and Number   UM Equivalent Course and Number
   Authorized Name Printed   UM Course Title
   Authorized Signature   Date
   Major/Minor     Gen Ed/Elective

2. ______________________  ______________________  Course approved for: (Circle one)
   Course Title and Number   UM Equivalent Course and Number
   Authorized Name Printed   UM Course Title
   Authorized Signature   Date
   Major/Minor     Gen Ed/Elective

3. ______________________  ______________________  Course approved for: (Circle one)
   Course Title and Number   UM Equivalent Course and Number
   Authorized Name Printed   UM Course Title
   Authorized Signature   Date
   Major/Minor     Gen Ed/Elective

4. ______________________  ______________________  Course approved for: (Circle one)
   Course Title and Number   UM Equivalent Course and Number
   Authorized Name Printed   UM Course Title
   Authorized Signature   Date
   Major/Minor     Gen Ed/Elective

**Scan to: RGCONSOR**

Revised 5/14
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<th>Course Title and Number</th>
<th>UM Equivalent Course and Number</th>
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<td>Gen Ed/Elective</td>
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Authorized Name Printed
Authorized Signature

5. Course Title and Number (continued)
UM Equivalent Course and Number
Course approved for: (Circle one)
Major/Minor
Gen Ed/Elective

Authorized Name Printed
Authorized Signature

6. Course Title and Number (continued)
UM Equivalent Course and Number
Course approved for: (Circle one)
Major/Minor
Gen Ed/Elective

Authorized Name Printed
Authorized Signature

7. Course Title and Number (continued)
UM Equivalent Course and Number
Course approved for: (Circle one)
Major/Minor
Gen Ed/Elective

Authorized Name Printed
Authorized Signature

8. Course Title and Number (continued)
UM Equivalent Course and Number
Course approved for: (Circle one)
Major/Minor
Gen Ed/Elective

Authorized Name Printed
Authorized Signature

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I have read all instructions and understand that I am responsible for paying the Non-UM fee prior to the payment deadline/last day to drop without a "W" (Fall) or I will be dropped from this status and have to apply for readmission. I am responsible for having my transcripts sent to UM upon program completion. Should I decide not to study away at this program, I will notify my school/college.

Signature of Student
Print name clearly
Date

Approval Signature of ACADEMIC DEAN or Authorized Individual
Print name clearly
Date
Total # Credits Approved

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Scan to: RGCONSOR

Revised 5/14
PART I: STUDENT INFORMATION

Name: ______________________________________________________________________

Cane ID#: __________________________ SS number: XXX-XX-_______________

Phone: __________________________ Email: __________________________

Time Period to Study Away: ☐ Fall: _____ ☐ Summer I: _____ ☐ Summer II: _____ ☐ Intersession: _____

(ONE form for EACH Semester)

Year            Year                       Year          Year

PART II: HOST INSTITUTION

If payment is to be mailed to the student, please mark here ☐

Name of Program: ___________________________________________________________

Name of Host Institution: _____________________________________________________________________________________

Contact Person at Host Institution: _____________________________________________________________________________

City and Country: ___________________________________________________________________________________________

Address to mail payment: _____________________________________________________________________________________

Host Institution Cost of Attendance: Tuition and Fees: _______________________________________________________________________

Room and Board: ___________________________________________________________________________________________

Books and Supplies: _________________________________________________________________________________________

Transportation: __________________________________________________________________________________________

Personal: ________________________________________________________________________________________________

Total: _________________________________________________________________________________________________

Dates of Attendance: From: _______/_______/_______ To: _______/_______/_______

No. of Credits Enrolled: ( )

Enrollment Status: ☐ Full-time ☐ Three-quarters time ☐ Half-time ☐ Less than Half-time

Will the student be receiving any financial assistance from your university? ☐ Yes ☐ No

If yes, give sources and amounts: __________________________________________________________________________

Is your institution an eligible Title IV institution? ☐ Yes ☐ No

I certify to the home school that the host school has not: had its eligibility to participate in receiving federal financial aid terminated, had its certification to participate in receiving federal financial aid revoked, or had its application for certification or re-certification to participate in receiving federal financial aid denied by the U.S. Department of Education and I further represent and warrant that the host school has not voluntarily withdrawn from participation as an institution of higher learning or a recipient of funds by the relevant local jurisdiction(s) or agency(ies) under a termination, show-cause, suspension or similar type proceeding (all the foregoing each and collectively shall constitute a “disqualification” hereunder). In the event of any such disqualification, either by the U.S. Department of Education and/or by the relevant local jurisdiction(s) or agency(ies), I certify that the host school agrees to notify the home school of such an occurrence as soon as reasonably practicable. Any such notifications shall be sent to the attention of the home school’s Office of Financial Assistance Services. The information provided on this form is correct and I agree not to process or disburse any federal student aid for this student. I will notify, in a timely manner, the University of Miami, Office of Financial Assistance Services of any changes to the student’s enrollment status, of any changes to the student’s Cost of Attendance or of any additional aid the student receives. Our institution will not send enrollment information to the Student Loan Clearinghouse, it will be sent by the University of Miami, Office of the Registrar.

Signature of Authorized Representative: ____________________________________ Date ______________________

Printed Name: _________________________________________ Title: __________________________

Phone: __________________________ Email: __________________________
STUDENT CODE OF CONDUCT AND PROGRAM PARTICIPATION FORM

While abroad, students are subject to the rules and regulations of the host institution, the laws of the host country, the UM Student Rights and Responsibilities (www.miami.edu/srr), and the student code of conduct from the student’s home institution. Each student is an ambassador for the student’s home university and should use appropriate behavior at all times that is reflective of the code of conduct required by the student’s home university and that of the overseas host institution.

Violations that occur abroad may subject UM students to disciplinary action upon return to UM in accordance with the UM Student Rights and Responsibilities. In the event of a violation abroad that results in the termination of the student’s participation in the program, the student will receive no refund, will not receive academic credit for the program, and the return to the student’s home shall be at the student’s personal expense.

By signing below, I confirm that I understand and agree to the above.

_________________________________  ______________________________
Printed Name        Signature        Date