College of Health Sciences
Change of Major

Name:________________________________________________________

Student ID#:___________________  Expected Graduation Date:_____________

Phone #:______________________ Email: ___________________________

Current Major: _________________________________________________

- All students seeking a major in the College of Health Sciences must seek approval from an advisor from the department of the new major. Once this form is signed by an advisor it should be returned to the CHS Dean’s office, Quinn room 112.

I want to: □ Change my major  □ Add a major  □ Drop a major

From (only if changing):__________________________________________

Drop:________________________________________________________

To/Add:_______________________________________________________

Sub-plan (if applicable):________________________________________

☐ I understand that changing my major may affect my degree requirements including total number of credits needed for graduation and general education requirements.

Student Signature:____________________________  Date:__________

Advisor Signature: ____________________________  Date:__________

Dean’s Signature:____________________  Date:__________

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