THE
UNIVERSITY
OF RHODE ISLAND
COLLEGE OF BUSINESS

Declaration of Major Form

Student's First Name	Student's Last Name	ID Number
Email	Phone Number	Graduation Date (mm/yyyy)
Current Major(s)	Home State	YES ◯ NO ◯ Regional Status Eligible

1. I want to: Change my major to Add a major to Drop a major
2. From (only if changing): _____

   Drop: _____

   To/Add: _____
3. I agree and have:

   ☐ I understand that if I am declaring a BSBA degree, I must complete a minimum number of credits at the 300/400-level. I have confirmed with my advisor that I will meet this requirement.

   ☐ I have checked to see if my change of major requires me to change my catalog year. If so, I have turned in a catalog year form.

_____

Student Signature	Date
Academic Advisor Signature	Date
Student's Dean	Date

Processed _____