

## College of Health Sciences Request to Change Catalog Year

Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Major: \_\_\_\_\_

I would like to change my catalog year from \_\_\_\_\_ to \_\_\_\_\_

Basis for change:

I understand that my catalog year will change my requirements for graduation, and I am familiar with those changes.

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

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

---

**Return signed form to the CHS Dean's Office for processing:  
Quinn 101, or via email at [chs-group@uri.edu](mailto:chs-group@uri.edu).**