

College of Health Sciences Change of Major

Name: _____ ID Number: _____

Telephone: _____ Email: _____

Current Major: _____ Exp Grad Date: _____

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 101 or via email at chs-group@uri.edu.

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.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Dean's Signature: _____ Date: _____