

## College of Health Sciences Request to Change Subplan

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

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

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

I would like to change my subplan from \_\_\_\_\_ to \_\_\_\_\_

I understand that changing my subplan may change requirements for graduation and I am familiar with those changes.

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

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

Department Chair Signature: \_\_\_\_\_

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

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

Office Use Only:

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

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