THE UNIVERSITY OF RHODE ISLAND
FEINSTEIN COLLEGE OF EDUCATION

CHANGE OF MAJOR

Name: _____

Student ID#_____ Expected Graduation Date: _____

Phone #: _____ Email: _____

Current Major: _____

- **All students seeking a major in the Feinstein College of Education must seek approval from an academic advisor. Once this form is signed by the student and advisor, it should be returned to CEPSAcademicaffairs@etal.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: _____

Assistant Dean Signature: _____ Date: _____

Revised 8-2026