

Student's Name (Print Last Name, First Name)

URI ID#

Transfer to college of: (check one)

AS  
BUS  
CEPS

ELSCI  
ENGR  
HSS

NURS  
PHARM

Major

Curriculum Code

Sub-Plan (if applicable)

Is the student a double major? (Students must see an advisor in each major for approval to transfer to the Degree Granting College).

Yes

No

University College Advisor (Print Name)

Date

University College Advisor (Signature)

Date

**OR**

Department Chair (Print Name)

Date

Department Chair (Signature)

Date

Approved: \_\_\_\_\_  
Dean/Degree Granting College

\_\_\_\_\_ Date