

University of Rhode Island/Graduate School of Library and Information Studies
PETITION FOR CHANGES IN GRADUATE PROGRAM (Revised 2/2006)

Name _____ ID# _____

Degree _____ Dept./ Program: GSLIS _____

COURSES FOR PROGRAM CREDIT					
ADD			REMOVE		
Course Dept./No	Title	Credit	Course Dept./No	Title	Credit

Total Credits Added: _____

Total Credits Removed: _____
 New Program Total (minimum 42): _____

COURSES FOR NON-PROGRAM CREDIT					
ADD			REMOVE		
Course Dept./No	Title	Credit	Course Dept./No	Title	Credit

For open-ended courses, use sub-title and attach an abstract of the course.

If a course is to be taken at another institution, please indicate where (_____) and attach a description of the course(s) and the course numbering system at that institution. After the course(s) has been completed, an official transcript should be requested and the transfer credit form should be submitted.

REASONS FOR THE REQUESTED CHANGE(S): _____

SIGNATURES:

 Student Date

 Major Professor Date

 Department Chairperson Date

 Dean, Graduate School Date