

**UNIVERSITY OF RHODE ISLAND  
THE GRADUATE SCHOOL  
PETITION FOR CHANGES IN GRADUATE PROGRAM**

NAME \_\_\_\_\_ DEPT/PROGRAM \_\_\_\_\_

DEGREE \_\_\_\_\_ 9 DIGIT URI ID# \_\_\_\_\_  
(Master's, PHD, Professional)

**PROGRAM CREDIT COURSES**

<b><u>ADD:</u></b>			<b><u>REMOVE:</u></b>		
Course Dept/No	Title	Credits & Grade	Course Dept/No	Title	Credits & Grade
<b>Total Credits Added:</b>			<b>Total Credits Removed:</b>		
_____			_____		
			<b>New Program Total:</b>		
			_____		

**NON PROGRAM 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.

REASONS FOR REQUESTED CHANGE(S): \_\_\_\_\_  
\_\_\_\_\_

**SIGNATURES:**

\_\_\_\_\_  
Student Date

\_\_\_\_\_  
Major Professor Date

\_\_\_\_\_  
PH.D. Committee Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chairperson/Grad Director Date

\_\_\_\_\_  
Dean, Graduate School Date