

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

URI ID#

Transfer to college of: (check one)

AS
BUS
HSS

ELSCI
ENGR

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