UNIVERSITY COLLEGE
University of Rhode Island

CHANGE OF MAJOR

Advisor: ____ DATE: ________________________________

(Filled out by **advisor** representing the **NEW** major)

Change the major for:

____ E_Campus ID#______________________

(Student's Last name, First name, M.I.)

Please use Alpha codes

NEW: ____________________________________ ____________________________________

(**1st major**) (Major Code)

____________________________________ ____________________________________

(**2nd** major if applicable) (Major Code)

FROM: ____________________________________ ____________________________________

(lst major) (Major Code)

____________________________________ ____________________________________

(2nd major if applicable) (Major Code)

* *

Change student's year of graduation from _____________ to ______________ **if applicable**.

* *

Will new major change qualify student for New England Regional Program (NEBHE?) **Yes** ________ **No** ________

Will new major remove student from NEBHE program? **Yes** ________ **No** ________

* *

Student's signature ____

Attach to top of folder and return to Records Secretary in Room 117 University College.