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: _______________________________________________  __________________________________________

(1st 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.