

RHODE ISLAND SCHOOL OF DESIGN

CHANGE OF MAJOR FORM

Registrar's Office | 20 Washington Place | Providence, RI
02903 Phone (401) 454.6151/6154 | Email
registrar@risd.edu



RECOMMENDATIONS AND ACTION ON THIS

APPLICATION:

Department Head of requested major

approve disapprove

signature _____

date _____

New Advisor _____

Effective date of major change

Fall Wintersession Spring

Year _____

Anticipated graduation date for student in new major, end of:

Fall Wintersession Spring

Year _____

Division Dean of requested major

approve disapprove

signature _____

date _____

Department Head of current major

approve disapprove

signature _____

date _____

Division Dean of current major

approve disapprove

signature _____

date _____

Received by the Registrar's Office

Date:

Init:

TO THE APPLICANT:

Please complete all information requested below and return this application to the Registrar's Office. This change of major, if approved, becomes effective at the time of the approval by the Department Head and Division Dean, only upon receipt of the completed application in the Registrar's Office. If needed, adjust your class schedule during the Add/Drop period, to ensure compliance with the course requirements of your new major.

Print name _____

I.D number _____

RISD e-mail _____

cell phone _____

CURRENT MAJOR _____

REQUESTED NEW MAJOR _____

My reason(s) for this request:

It is the student's responsibility to deliver the completed Change of Major Form to the Registrar's Office. This change of major, if approved, becomes effective at the time recommended by the new department head.

STUDENT SIGNATURE: _____

Date: _____