

RHODE ISLAND COLLEGE

REQUEST FOR CHANGES IN THE SECOND DEGREE PLAN OF STUDY

NAME _____ SOCIAL SECURITY # _____

ADDRESS _____ PHONE _____

Date Admitted to Second Degree Candidacy _____ Dept _____ Program _____

I wish to request the following changes in my Plan of Study: (Attach copy of original plan)

DROP -- Department, course number, and title of course(s):

ADD -- Department, course number, and title of course(s):

Reasons supporting the above requests: _____

Resulting total number of credit hours required: _____

Date _____ Student Signature _____

NOTE: Signature of the advisor, department chair, and divisional dean on this form constitutes acceptance of proposed changes in the Plan of Study.

Signed: _____
Advisor Date

Signed: _____
Department Chair Date

Signed: _____
Divisional Dean Date

Copies: Admissions Office
Records Office