



Request for Changes in the Second Degree Plan of Study

Rhode Island College Registrar's Office

[Redacted Student Name]

Student Name

[Redacted Student ID#]

Student ID#

[Redacted Preferred Address]

Preferred Address (include street address, city, state and zip code)

[Redacted Phone Number]

Phone Number

[Redacted Email Address]

Email Address

Date Admitted to Second Degree Candidacy

[Redacted Date]

Department

[Redacted Department]

Program

[Redacted Program]

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

DROP--Department, Course Number, and Title of Course (s):

[Redacted DROP information]

ADD--Department, Course Number, and Title of Course (s):

[Redacted ADD information]

Reasons supporting the above requests:

[Redacted Reasons]

Resulting number of credit hours required:

[Redacted Credit Hours]

Student Signature

[Redacted Student Signature]

Date

[Redacted Student Date]

Advisor Signature

[Redacted Advisor Signature]

Date

[Redacted Advisor Date]

Department Chair Signature

[Redacted Department Chair Signature]

Date

[Redacted Department Chair Date]

Academic Dean's Signature

[Redacted Academic Dean's Signature]

Date

[Redacted Academic Dean's Date]

****Copies to: Admissions Office and Registrar's Office**