



**Office of the Registrar**  
 Ochre Court, Room 203  
 100 Ochre Point Avenue  
 Newport, RI 02840-4192  
 Tel: 401-341-2943 \* Fax: 401-341-2996

## ADD OR CHANGE OF MINOR

Name _____	Expected Graduation Date: _____	Student ID: _____
Local: _____ <small>(Street)</small>	Permanent: _____ <small>(Street)</small>	
_____ <small>(City, State, Zip Code)</small>	_____ <small>(City, State, Zip Code)</small>	
E-mail Address: _____	Phone #: _____	

### **ADD OR CHANGE OF MINOR PROCESS**

- Print a copy of your Academic Evaluation from Web Advisor for Students, and schedule an appointment to meet with the applicable department chairperson.
- Return this completed form to the Office of the Registrar, Ochre Court, Room 203.

### **MINOR INFORMATION**

Indicate the following (check all that apply):

**Add a new minor:** \_\_\_\_\_

**Replace current minor:** \_\_\_\_\_ **with new minor:** \_\_\_\_\_

**Remove current minor:** \_\_\_\_\_

### **REQUIRED COURSES FOR MINOR**

Course Code	Course Title	Course Status	
_____	_____	<input type="checkbox"/> Completed	<input type="checkbox"/> Must Complete
_____	_____	<input type="checkbox"/> Completed	<input type="checkbox"/> Must Complete
_____	_____	<input type="checkbox"/> Completed	<input type="checkbox"/> Must Complete
_____	_____	<input type="checkbox"/> Completed	<input type="checkbox"/> Must Complete
_____	_____	<input type="checkbox"/> Completed	<input type="checkbox"/> Must Complete
_____	_____	<input type="checkbox"/> Completed	<input type="checkbox"/> Must Complete
_____	_____	<input type="checkbox"/> Completed	<input type="checkbox"/> Must Complete

### **ACKNOWLEDGEMENT OF RESPONSIBILITY**

*Student completes this section after meeting with the applicable department chairperson.*

I have read, understand, and agree to complete the requirements for earning a minor in this department.  
 I understand I must submit a new Add or Change of Minor form if I choose to add or change a minor.  
 I understand failure to satisfy the department requirements will result in my dismissal from the department.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **ADMISSION INTO DEPARTMENT**

*Department chairperson completes this section after meeting with student.*

The student and I have discussed admission and good standing requirements for the department, and reviewed all the requirements for earning a minor.  
 The student's advisor is: \_\_\_\_\_

Department Chairperson Signature: \_\_\_\_\_ Date: \_\_\_\_\_