



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: _____ (Street)	Permanent: _____ (Street)	
_____	_____	
(City, State, Zip Code)	(City, State, Zip Code)	
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:** _____

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.

Department Chairperson Signature: _____ Date: _____