CURRICULUM MODIFICATION

Name:	
Student ID #:	Expected Graduation Date:
Phone #:	Email:
Major and Degree Being Modified:	

Purpose of this form:

UNIVERSITY OF RHODE ISLAND COLLEGE OF ARTS AND SCIENCES

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In exceptional cases, students may modify major requirements. This modification must be approved by the chair of the major department and the Assistant Dean of Arts and Sciences. Adjustments do not affect the total credits required for graduation. *This form is used to modify <u>major requirements only</u>. <i>Please fill out a petition form to modify General Education Requirements.*

Please describe the modification being requested and the rationale for it (only list one modification per form):

Substitution of:		For:	
	(Course to be used)		(Course or requirement being replaced)
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□ Waiver of :			
Rationale:			
Em	ail completed form	to <u>CASFo</u>	orms@uri.edu
Student Signature:			Date:

Student Signature:	Date:
Departmental Chairperson:	Date:
Dean's Signature:	Date:

Curriculum Modification Form- A&S Rev. 4/1/2022KB