



CURRICULUM DECLARATION FORM

Office of the Registrar
(401) 254-3510
Fax: (401) 254-3363

Directions: Students must **1.** complete this form for any requested changes, **2.** obtain required approval signatures, **3.** submit it to the Registrar's Office.
Students are advised that by signing this form they verify that they will satisfy course requirements, as outlined in the catalog by the intended date of graduation.

Name Last First Middle Initial Social Security Number Student RWU ID #

Student Signature: _____ Date: _____ Anticipated Graduation Date: _____

CHANGE IN	CURRENT INFORMATION	CHANGE TO	SIGNATURES
Degree <small>Circle one:</small>	BA BARCH BFA BS BS/MARCH	BA BARCH BFA BS BS/MARCH	Dean, school/college: _____ Date _____
Major	Primary:	Primary:	Dean, school/college of current major: _____ Date _____ Dean, school/college of new major: _____ Date _____
	2nd Major:	2nd Major:	Dean, school/college of current major: _____ Date _____ Dean, school/college of new major: _____ Date _____
Minor	Minor:	Minor:	Advisor's Signature: _____ Date _____
	2nd Minor:	2nd Minor:	Dean, school/college of new minor: _____ Date _____
Core	Core Concentration:	Core Concentration:	Advisor's Signature: _____ Date _____ Dean, school/college of new core: _____ Date _____
Advisor	Current Advisor: (print name)	New Advisor: (print name)	New Advisor's Signature: _____ Date _____ Dean, Advisor's school/college: _____ Date _____
Catalog Year	Year: <small>Consult with your advisor to determine from which catalog your degree requirements are taken.</small>	Year:	Advisor's Signature: _____ Date _____ Dean, school/college: _____ Date _____