

ROCHESTER INSTITUTE OF TECHNOLOGY
College of Art & Design
Gannett Hall (GAN), Room 1075
Phone 585/475-6045
Fax 585/475-6955

Instructions

Complete this form to identify or change your option in the Visual Communication Design (MFA) program. This information will be used to assist in annual course planning and scheduling and will be reflected in your degree audit. It is important that any change be updated.

General Information

Please Type

University ID Number _____ Date ____/____/____

Name _____
Last First Middle

Requirement Term: _____ Program: **GIAS** Plan: **VISCOM - MFA**

Graduate Options

- Communication Design
- Interaction Design
- Motion & 3D Digital Design

Required Signatures

Student Signature

Print _____ RIT Email _____

Sign _____ Date _____

Graduate Director Signature

Print _____ RIT Email _____

Sign _____ Date _____

CIAS Student Services Use Only

Date Received _____

Date Processed _____

Processed By _____

Reg - Concentration
Authorization/Change Form

Distribution: *Please keep a copy for your records.*