

LEHIGH UNIVERSITY

PETITION TO CHANGE COLLEGES
WITHIN LEHIGH

DATE: _____
Month Day Year

PRINT NAME: _____
Last First MI

I.D. # (LIN) _____ User I.D. (Lehigh Email) _____@lehigh.edu

Local Address _____ Local Phone # _____

Current College
 Arts and Sciences
 Business and Economics
 Engineering and Applied Science
 Other: _____

Desired New College
 Arts and Sciences
 Business and Economics
 Engineering and Applied Science
Other: _____

Current Major: _____ Desired New Major (if known): _____

Last Semester Average _____ Year (Circle One): Fr So Jr Sr Overall GPA _____

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The student must meet with and gain the signatures from the Associate Dean in the current college and the Associate Dean in the desired new college. **Completed forms must be submitted to the Registrar's Office.** Forms submitted after the 10th day of classes or the end of add/drop will be applied to the next term.

Associate Dean, Current College: _____ Date _____ Email _____
Signature month/day/year

Associate Dean, Desired College: _____ Date _____ Email _____
Signature month/day/year

Name of new advisor, to whom student will be assigned if approved for transfer: (to be completed by desired new college) _____

University Registrar _____