



Registration & Academic Services

Alumni Memorial Bldg, 27 Memorial Drive West
Bethlehem, PA 18015-3090
Phone: 610.758.3200 Web: ras.lehigh.edu
Fax: 610.758.3198 Email: ras@lehigh.edu

PETITION TO CHANGE COLLEGES

LIN: \_\_\_\_\_

NAME: \_\_\_\_\_
Last First MI

DATE: \_\_\_\_\_ User ID: \_\_\_\_\_@lehigh.edu
Month Day Year

Current College

- Arts and Sciences
Business and Economics
Engineering and Applied Science
Health
Intercollegiate

Desired New College

- Arts and Sciences
Business and Economics
Engineering and Applied Science
Health
Intercollegiate

Current Major: \_\_\_\_\_

Desired New Major (if known): \_\_\_\_\_

Last Term GPA: \_\_\_\_\_ Classification (Circle One): FR SO JR SR Cumulative GPA: \_\_\_\_\_

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 Registration & Academic Services Office.

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:

\_\_\_\_\_