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:

_____