



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: _____ User ID (abc123): _____

Current College

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

Desired New College

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

Current Major: _____ Advisor: _____

Previous Term GPA: _____ Classification: FR SO JR SR Cumulative GPA: _____

Student Signature: _____ Date: _____

The student must meet with the Associate Dean in the current college and the Associate Dean in the desired new college for approval. **Completed forms must be submitted to Registration & Academic Services.**

Associate Dean, Current College: _____ Date: _____
Signature

Associate Dean, Desired College: _____ Date: _____
Signature

Name of new advisor, to whom student will be assigned if approved for transfer:

(To be completed by desired new college)