



## 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)