

Petition for Department Review to Change Major

Student's Name: _____

Student Number: _____ PSU Email: _____

Campus Location: _____ Schreyer Scholar YES NO (check one)

I request permission to change my current major:

From: _____

MAJOR

OPTION

To: _____

MAJOR

OPTION

Please attach a letter explaining why you feel an exception should be granted. Also attach any supporting documentation (if applicable).

Student Signature

Date

Advisor Signature and (Advisor E-Mail)

Date

For Office Use Only (completed by Undergraduate Education Office)

cum GPA = _____

ETM Coordinator comments: _____

Referred to Department Chair for Special Review

Date

Approve Decline

Department Chair Signature

If decline, please provide comment: _____

Effective: Fall: Spring: Summer: Year: _____

Student and Advisor notified

Adviser updated

Internship Office notified

Check audit adjustments

Faculty Mentor updated

Scholarship Coord. notified

LionPATH updated

Adviser spreadsheet updated