

**PENN STATE BERKS
REGISTRAR'S OFFICE**

CHANGE OF CAMPUS REQUEST

DIRECTIONS:

1. Complete either Section One or Section Two with adviser's signature and return this form to the Registrar's Office [125 Franco].

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Name: _____ PSU ID: 9 _____

Phone: _____ Email: _____@psu.edu

Current Major: _____ Intended Major: _____

SECTION ONE - REQUEST TO ATTEND ANOTHER CAMPUS

_____ This request is for a permanent change.

_____ This request is for one (1) semester only.

Intended Campus Location: _____ Semester You Wish To Attend: _____

Reason For Request: _____

SECTION TWO - REQUEST TO REMAIN AT BERKS CAMPUS

Semester You Wish To Remain: _____

Courses You Plan To Take At Berks: _____

Reason For Request: _____

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Student's Signature: _____ Date: _____

Adviser's Signature: _____ Date: _____