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].

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: ______________________________________________________________________________

__________________________________________________________________________________________________

Student’s Signature: ______________________________________ Date: ________________
Adviser’s Signature: ______________________________________ Date: ________________

MCS121: 05/2011