Academic Program/Plan Add/Change Form

Student’s Name (Last, First, M.I.)  PeopleSoft ID# (7 digits)

PLEASE COMPLETE ONE OF THE TWO OPTIONS BELOW:

**Transfer Out:**
Transfer to a different school at Pitt.

**Double Degree:**
To remain in SHRS while pursuing a degree in another school at Pitt.

<table>
<thead>
<tr>
<th>CURRENT SCHOOL</th>
<th>NEW SCHOOL</th>
<th>SPECIFIC PLAN (Major)</th>
<th>EXPECTED GRAD TERM</th>
</tr>
</thead>
<tbody>
<tr>
<td>School of Health and Rehabilitation Sciences</td>
<td></td>
<td>April: 2 0 ___ June: 2 0 ___ Aug: 2 0 ___ Dec: 2 0 ___</td>
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**Effective Term** (Year)
- Fall: 2 0 ___ ___
- Spring: 2 0 ___ ___
- Summer: 2 0 ___ ___

FOR OFFICE USE ONLY

Student’s Signature:  Date:  Admit:  Date:

Student’s Pitt Email Address:  Reject:  Date:

Academic Center Signature:  Date:  New Academic Center Signature:  Date: