



<u>Effective Term</u> (Year)	
Fall:	20 ____ ____
Spring:	20 ____ ____
Summer:	20 ____ ____

**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.

CURRENT SCHOOL	NEW SCHOOL	SPECIFIC PLAN (Major)	EXPECTED GRAD TERM
School of Health and Rehabilitation Sciences			April: 20 ____ June: 20 ____ Aug: 20 ____ Dec: 20 ____

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

CURRENT SCHOOL	NEW SCHOOL	SPECIFIC PLAN (Major)	EXPECTED GRAD TERM
School of Health and Rehabilitation Sciences			April: 20 ____ June: 20 ____ Aug: 20 ____ Dec: 20 ____

**FOR OFFICE USE ONLY**

<b>Student's Signature:</b>	<b>Date:</b>
<b>Student's Pitt Email Address:</b>	
<b>Academic Center Signature:</b>	<b>Date:</b>

<b>Admit:</b>	<b>Date:</b>
<input type="checkbox"/>	
<b>Reject:</b>	<b>Date:</b>
<input type="checkbox"/>	
<b>New Academic Center Signature:</b>	<b>Date:</b>