



Effective Term (Year)

Fall: 2 0 ____ ____

Spring: 2 0 ____ ____

Summer: 2 0 ____ ____

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.

CURRENT SCHOOL	NEW SCHOOL	SPECIFIC PLAN (Major)	EXPECTED GRAD TERM
School of Health and Rehabilitation Sciences			April: 2 0 ____ June: 2 0 ____ Aug: 2 0 ____ Dec: 2 0 ____

CURRENT SCHOOL	NEW SCHOOL	SPECIFIC PLAN (Major)	EXPECTED GRAD TERM
School of Health and Rehabilitation Sciences			April: 2 0 ____ June: 2 0 ____ Aug: 2 0 ____ Dec: 2 0 ____

Student's Signature: _____

Date: _____

Student's Pitt Email Address: _____

Advisor Signature: _____

Academic Center Signature: _____

Date: _____

FOR OFFICE USE ONLY

Admit: _____

Date: _____

Reject: _____

Date: _____

New Academic Center Signature: _____

Date: _____