



Change of Admission Term For Graduate Students

Name _____ Student ID _____
Last First MI

Birthdate _____ SSN* _____ Are you an international student? Yes No

Academic Records listed under previous name? Yes No

If yes, list previous name(s) _____

Current Address _____
Street City State Zip

Current Phone _____ Email _____

Term of Initial Application: _____ Change Admission Term to: _____

Have you pre-registered for classes for the term of initial application? Yes No
If yes, you must withdraw from the classes.

Have you attended other school(s) since your last PSU application? Yes No if yes, list below:
(Please submit official transcripts for each school listed below)

Name of School Term(s) Attended

Name of School Term(s) Attended

Student Signature Date

This portion must be completed before your application term can be changed

Name of Graduate Department: _____ This Department Only Admits Once a Year

Department Signature: _____ Date: _____

Name of Signer: _____ Extension: _____

Comments:

Return Completed Form to:

Office of Admissions, Registration, and Records
PO Box 751
Portland, OR 97207
Fax: 503-725-5525

*Social Security Number requested but optional. For record keeping purposes, PSU assigns each student a randomly generated ID number, but your SSN is required for many human resources, financial aid, and tax purposes. Refer to the section on Social Security Numbers under Student Records in the Registration Guide for complete disclosure information.