



Change of Status Application

Office of Undergraduate Admissions • Administration Building • Pittsburgh, PA • 15282

1. Complete the proper sections of this form. Return the completed, signed application to Duquesne University at the above address.

2. Name _____ SS# _____
Address _____ City _____
State _____ Zip _____ Phone (_____) _____

If the above address is different than the original application, please note:

3. Complete only if Semester and/or Year Change.

Semester originally applied for: Fall _____ Spring _____ Summer _____

Reactivate application for: Fall 20____ Spring 20____ Summer 20____

School _____ Major _____

Check all that apply: Freshman Transfer Resident Commuter

List in reverse chronological order every college attended and dates of attendance. Failure to furnish all information will constitute reason for disqualification of application or subsequent dismissal. Use additional paper in necessary.

Colleges	From (month/year)	To (month/year)
_____	_____	_____
_____	_____	_____

4. Complete only if Change in Major

Semester originally applied for: Fall _____ Spring _____ Summer _____

Indicate original major _____ Indicated change _____

Reason for change _____

5. Complete only if Change in Housing Status

Semester originally applied for: Fall _____ Spring _____ Summer _____

Original status: Resident Commuter

New status: Resident Commuter

You are encouraged to provide any additional information to the Admissions Committee that you feel may aid them in their decision on your application.

TO BE READ AND SIGNED BY ALL APPLICANTS

It is the policy of Duquesne University to admit those applicants who are best qualified to profit from the opportunities it offers for intellectual, spiritual and social growth. It does not discriminate on the basis of religious preference, sex, race (color), national or ethnic origin, non-performance related handicap or veteran status in the administration of its educational policies, admissions policies, scholarship and loan programs, athletic and other University-administered programs.

I understand and agree that my continuance upon the rolls of the University, receipt of academic credits, graduation and conferring of any degree or the granting of any certificate are strictly subject to the disciplinary authority of the University, which is vested in the President, and subject to his reserved powers in the dean of each faculty.

Signature _____ Date _____