

Change of Program / Major Request

INSTRUCTIONS

Before completing this form, seek academic advising. Fill out the form legibly and completely. Submit the form with payment in person at PSU campus or fax to 1 (323) 731-7276 or email to studentservice@psuca.edu.

Student Information (All	required to identify your	record—please	e print clearly)			
PSU Student ID (if available)			Date of Birth (mm/dd/yyyy)			
Full Name (Last, First Middle)			•			
Current Mailing Address – Street						
City State ZIP/P		ZIP/Pos	Postal Code Country			
Telephone			E-mail Address			
Change of Program / Major	Request					\$100.00 Fee
Start Date at PSU			Earned Units from PSU			
Change of Program / Major from			Change of Program / Major to			
Reason for the Change of Program / M	ajor (attach additional infor	mation if necessa	ry)			
Payment Method (Select one)					
☐ In-Person ☐ Mo	oney Order (payable to Pac i	ific States Unive	rsity)	Personal Ch	eck (payable	to Pacific States University)
Credit Card (Visa or MasterCard only	Credit Card Number:_					
Expiration Date (mm/yyyy):			CV Code (3 or 4 digit	code on the l	back of credit	card):
Authorization Signature Required (Digital or electronic signature is not accepted) Date Signed (mm/dd/yyyy)						
	septed)			Date Signed (IIIII/dd/yyyy)		
X						
OFFICE USE ONLY						
Amount Paid Academic Dean Approved Upd				Recorded by Registrar		
Receipt No.	Approved Date	Upd	ated Date		Recorded I	Date
Verified by Finance Office	Comments	1			1	
Verified Date						