

Request Changes to Application Form

***Student Name:**

Last _____ First _____ Middle _____

Previous Name(s) _____

***Date of Birth:** Month _____ day _____ year _____

SSN or PUID Number _____ Is this to correct the ssn you previously reported? **Yes No**

1. Are you correcting the mailing address, phone number or email previously reported on your application? *If yes, please provide updated information below.* **Yes No**

Address _____ phone _____

_____ Cell Phone _____

New Preferred email Address _____

2. Request change of application major/academic program?

Previous major/academic program _____

New major/academic program _____

Note: If you have been denied admission to Purdue West Lafayette and have new academic information that you believe warrants an appeal of that decision, you must complete and submit the Request Reconsideration of a Deny Decision form. Do not use this form to appeal a deny decision.

3. Change of term?

Term previously applied for: _____ Change term to: _____

LIST ANY SCHOOL ATTENDED SINCE LAST APPLICATION:

4. Are you canceling your application or your admission to Purdue? Yes

Student verification: *All requests for changes to an application must come from the applicant.*

***Student signature** _____ ***Date** _____

***Required to process the form**

For Office Use Only:

Date of Contact _____ Staff Member _____ **Processed on banner?** _____

ML _____ IP _____ Ph _____ Em _____ FX _____ Other _____



International Programs