

Change of Campus Form

West Virginia University
P.O. Box 6009
Morgantown, WV 26506-6009
Phone: 304-293-2121 or 800-344-WVU1
E-mail: go2wvu@mail.wvu.edu
Fax: 304-293-3080
Web: <http://www.arc.wvu.edu/>

WVU Institute of Technology
Office of Admissions
405 Fayette Pike
Montgomery, WV 25136
Phone: 304-442-3032
Fax: 304-442-3052
go2wvuit@mail.wvu.edu
Web: <http://www.wvutec.edu>

Potomac State College
Office of Enrollment Services
1 Grand Central Park, Suite 2
Keyser, WV 26726
Phone: 800-262-7332 or 304-788-6820
Fax: 304-788-6939
E-mail: go2psc@mail.wvu.edu
Web: <http://www.potomacstatecollege.edu/>

Are you a current student at: WVU ___ PSC___ WVUIT ___

Legal Name: _____
(Last) (First) (Middle)

Social Security Number: _____ - _____ - _____ WVU ID Number: _____
(For internal use only. Will be kept confidential.)

If you previously enrolled under a different name at WVU/PSC/WVUIT or another college, or high school, please print all name(s) below.

Have you ever attended WVU before? ___ Yes ___ No If YES, for which semester/year? _____

Have you ever attended PSC before? ___ Yes ___ No If YES, for which semester/year? _____

Have you ever attended WVUIT before? ___ Yes ___ No If YES, for which semester/year? _____

Current Mailing Address: _____ Telephone: () _____
(Street) (Area Code) Number

(State) (Zip Code) (City)

Please indicate semester/year for which you are applying: _____ Year
_____ Fall (August – December) _____ Spring (January – May) _____ Summer Session (May – August)

Please indicate Admission Type: ___ Transfer ___ Second Degree ___ Transient ___ Readmission

Intended Major: _____ (see list of undergraduate major codes) Date of Birth: ____/____/____ (e.g., 2/30/1990)
month day year

College Education: Please list all formal educational experiences (other than WVU/PSC/WVUIT) since you graduated from high school. Attach extra sheets if needed.

Name of School	Location	Dates	Degree Earned
_____	_____	From ____/____ to ____/____ month/year month/year	_____
_____	City/State	From ____/____ to ____/____ month/year month/year	_____
_____	City/State	From ____/____ to ____/____ month/year month/year	_____

Are you currently enrolled in the last college listed above? ___ Yes ___ No

If transferring credit from another college or university, how many college credit hours have you completed? _____

Current Enrollment: Please list any college classes that you are currently enrolled in or will complete before entering WVU.

College
Course Title, Number, and Credit Hours

Signature Date