

SIENA COLLEGE
CHANGE OF SCHOOL REQUEST

Student's Name _____ **SID** _____

I request permission to transfer from the School of _____
to the School of _____

Effective Term _____

Current Major _____ **New Major** _____

Signature of Student _____

_____ **Accepted**

_____ **Not Accepted**

Signature of Current Dean _____ **Date**

Signature of New Dean _____ **Date**

Previous Advisor _____ **New Advisor** _____

Distribution:

Original: Registrar

Copy: Former School, New School, Student