

CHANGE OF PROGRAM FORM

Office of Undergraduate Admissions • 600 Forbes Ave • Pittsburgh, PA • 15282

Tel: 412.396.6222 | Toll Free: 1.800.456.0590 | Fax: 412.396.5644

www.duq.edu

Student Name _____

Address _____ City _____

State _____ Zip _____ Phone _____

PLEASE RECONSIDER MY APPLICATION FOR THE FOLLOWING ACADEMIC PROGRAM:

PROGRAM _____

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 _____

Please return this form to the Office of Undergraduate Admissions at the address listed above, or scan and email to appdocs@duq.edu