



Solomon Amendment Request for Information

Return to
Information Services Department
112 Shields Building
University Park, PA 16802-1271
Fax: 814-863-1929
Email: registrar@psu.edu

Name: _____

Organization: _____

Address: _____

Phone Number: _____ - _____ - _____ Request Date: _____

Selection Information:

Semester Data Requested: _____ (current or previous only)

_____ All students (undergraduate, graduate, law, medical)

_____ All Undergraduate students OR First-Year _____ Sophomores _____ Juniors _____ Seniors _____

_____ Graduate students only _____ Law students only _____ Medical students only

_____ Graduated students (For previous semester requests, this will result in those students who actually graduated. For current semester requests, this will result in those students who are expected to graduate at the end of the semester.)

_____ Age (identify age range, must be 17 or older) _____

Campus: (multiple campus lists may be selected)

_____ Abington (AB)

_____ Fayette (FE)

_____ New Kensington (NK)

_____ Altoona (AL)

_____ Great Valley (GV)

_____ Schuylkill (SL)

_____ Beaver (BR)

_____ Greater Allegheny (GA)

_____ Shenango (SH)

_____ Berks (BK)

_____ Harrisburg (HB)

_____ University Park (UP)

_____ Brandywine (BW)

_____ Hazleton (HN)

_____ Wilkes-Barre (WB)

_____ Carlisle Campus (CR)

_____ Hershey (HY)

_____ Worthington Scranton (WS)

_____ DuBois (DS)

_____ Lehigh Valley (LV)

_____ York (YK)

_____ Erie (ER)

_____ Mont Alto (MA)

_____ All Campuses

Information To Be Provided On:

_____ CD - EXCEL file format

_____ E-mail as attached EXCEL file (e-mail address): _____

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- Name

- Local Address and Phone Number

- Permanent Residence and Phone Number

- Age

- Class Level (e.g. First-Year, Sophomore, Junior, Senior, Graduate, Law, Medical)

- Major

- Degree Awarded