

Solomon Amendment Request for Information

Return to
Office of the University Registrar
112 Shields Building
University Park, PA 16802-1271
Fax: 814-863-1929
Email: registrar@psu.edu

Organization: ______ Address: 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 ____ ____ Medical students only Graduate students only Law 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) ____ New Kensington (NK) ___ Abington (AB) ____ Fayette (FE) __ Great Valley (GV) ____ Schuylkill (SL) _____ Altoona (AL) __ Greater Allegheny (GA) _____ Beaver (BR) _____ Shenango (SH) ___ Harrisburg (HB) Berks (BK) University Park (UP) ___ Hazleton (HN) Wilkes-Barre (WB) _____ Brandywine (BW) ____ Hershey (HY) Worthington Scranton (WS) Carlisle Campus (CR) _____ Lehigh Valley (LV) _____ York (YK) DuBois (DS) ____ Mont Alto (MA) ____ Erie (ER) All Campuses Information will be provided in an Excel file as an email attachment.

Email address to send attached Excel file: _____

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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