



Solomon Amendment Request for Information

Return to
Information Services Department
112 Shields Building
University Park, PA 16802-1271
Fax: 814-863-1929

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