



OFFICE OF ADMISSIONS AND RECORDS

Request to Move Application

*Please use if your Admissions application is less than a year old.

Full Name: _____

Student ID: P00 _____

Address: _____

Street

City

State

Zip Code

Phone Number _____

Move my application to:

Spring 20 _____ Summer 20 _____ Fall 20 _____

Please choose one: I am a...

1. New Student: _____ Major: _____
2. Returning Student (I withdrew last/current semester): _____ Major: _____
Last Semester Attended _____
3. Current Graduate/Continued Enrollment _____ New major _____

Signature

Date

Submit this completed form to Lamar State College Port Arthur Admissions Department by email: Admissions@lamarpa.edu or In-Person, 3rd Floor, Student Center, Admissions & Records Department.

P.O. Box 310 | 1500 Procter Street | Port Arthur, Texas 77641
409-984-6173