TEXAS ★ STATE
THE GRADUATE COLLEGE ®

Change of Course Format/Modality Form

This form is required for masters/doctoral students wanting to switch their current course format, modality, and/or campus to a graduate program offered through another format or on a different campus. Examples include (but are not limited to) transitioning from the San Marcos campus to the Round Rock campus, switching from an in-person to online program, and changing from a non-accelerated to accelerated program. For other program or departmental changes, please speak with your Graduate Advisor and view our Forms page.

NOTE: Changes in course format/modality will take effect at the start of the *following* semester after the form has been submitted (i.e., if submitted during the fall semester, changes in modality will occur that following spring semester). Changing course format/modality may impact tuition rates, scholarship opportunities, and course availability. Please speak with the Office of Financial Aid and Scholarships, Student Business Services, and your Graduate Advisor before submitting this form. Please ensure your course schedule matches your requested modality/campus starting in the effective term.

Please submit this form with all required signatures to The Graduate College at gcdegspcl@txstate.edu. (It is the student's responsibility to make sure The Graduate College receives this form in a timely manner.)

Student Name: _____   Texas State ID: _____

Current Major: _____   Current Degree: _____

Student Signature: _____   Date: _____

Current Semester: _____

Current Course Format/Modality/Campus: _____

New Course Format/Modality/Campus: _____

___ I understand changes to my modality/campus will take effect at the beginning of the *next* available semester.

___ I acknowledge that changes to my modality/campus may impact tuition rates, scholarship opportunities, and course availability

___ I acknowledge that my class schedule must match the new modality/campus starting in the effective term.

Along with the modality change above, I require a change of **Concentration**, **Option**, and/or **Minor**: ___ Yes ___ No

Current Concentration: _____   New Concentration: _____

Current Option: _____   New Option: _____

Current Minor: _____   New Minor*: _____

Signatures below indicate the approval of the above recommendation:

Printed Name	**Signature**	**Date**

_____   _____   _____

Graduate Program Advisor (required)

_____   _____   _____

Minor Advisor (*required if modality change accompanies a change of minor)

Revised: June 28, 2024