

**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 [TXST One Stop](#) 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 [gcdgspcl@txstate.edu](mailto:gcdgspcl@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)