

## Undergraduate Modality Change Form

### Student Information

Student ID # or SSN: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_  
*Last First M.I.*

Students Phone Number: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Current Modality:  Traditional Day Student  College Of Professional Studies Student (Online or Evening)  
New Modality:  Traditional Day Student  College Of Professional Studies Student (Online or Evening)

### Degree Information

Major in your current modality: \_\_\_\_\_

Are you making any changes to your degree?  No  Yes *\*If yes, please specify the necessary changes below:*

- New Major: \_\_\_\_\_
- Concentration (if applicable): \_\_\_\_\_
- Minor (if applicable): \_\_\_\_\_

When you would like this modality change to take effect? Year: \_\_\_\_\_ Term: \_\_\_\_\_

Why are you changing modality? \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR INTERNAL USE ONLY

Business Office Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Is there a balance due?: \_\_\_\_\_

Financial Aid Estimated Offer: \_\_\_\_\_

Day Admissions Office (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Registrar's Office: \_\_\_\_\_ Date: \_\_\_\_\_