



CAMPUS CHANGE FORM

Student Full Name _____ Current Program _____ online
 Telephone _____ Preferred Program _____ online
 Student ID @ _____ New Program Start Semester/Year _____

Student, in order to consider and process your request, please review the following with your Academic Advisor and initial next to each statement.

_____: Students are permitted to request a change in curricular enrollment type **after** being admitted to the university.

_____: Students are permitted to enroll in courses owned by their designated curricular enrollment type, either residential or online, but NOT both.

_____: Students with 75 or more college credit hours **may** not automatically qualify to change their program.

_____: All students must earn a minimum of 30 applicable credits to gain the residency required to graduate from their newly designated undergraduate program.

_____: UTSA graduates from either a bachelor's degree or any other advanced degree may use this form in order to change curriculum to Online Programs.

_____: Students must meet eligibility requirements set by each college as outlined in their catalog of graduation at the time of processing this form, including minimum GPA, TSI status, and course completion requirements.

_____: Changing your program enrollment type or curriculum can delay your anticipated graduation date.

_____: Changing your program enrollment type or curriculum may result in some classes not applying toward your changed graduation requirements.

_____: The online program curricular enrollment type and the residential program type have separate orientation requirements that must be completed by students who choose to switch program types.

_____: Your request to change your curricular enrollment type is subject to any and all university policies not listed on this form.

_____: Students must seek advising with the assigned advising center for their newly chosen degree/major.

_____: Initialing here indicates that the student has discussed the financial impact of making this change with the appropriate department specific to his/her case and understands the future financial obligation/impact that comes with this change.

_____: The deadline to hand in this completed document is 21 days prior to semester start.

Student signature: _____ Date: _____ By _____
 signing above, I acknowledge that I reviewed this information on this form with my Academic Advisor. I request the review of eligibility for a change in program curricular enrollment type as designated.

Academic Advisor Print and Sign Name: _____ Date _____
 By signing above, I acknowledges that I reviewed the information on this form with the student.