Change of Calendar
To be completed by students who want to change calendars in which their program is offered:
- Standard Academic Year Calendar (7 ½ or 15 week semester) to Modular Calendar (8 weeks)
- Modular Calendar (8 weeks) to Standard Academic Year Calendar (7 ½ or 15 weeks)

Calendar changes can only be in effect for the fall and spring terms/sessions

Submissions deadline dates:
Spring - December 1st
Fall – August 1st

This form may only be used by current Mason students, or those who have submitted an Intend to Enroll

G#: ___________________________ Requested Major: ___________________________

Name: __________________________________________________________________________

Last Name: ___________________ First Name: __________________ M.I.: ___________ Previous Name: _______________________

Phone Number: __________________________ Mason E-mail Address: ______________________

I am requesting the following calendar (check one):  [ ] Standard Academic (Year 7 ½ weeks/15 weeks)  [ ] Modular (8 weeks)

Effective Semester: Fall _______ Spring _______ (Students can’t change their calendar for the summer term/session)

Please acknowledge by initialing below:

I acknowledge that University resources and services currently available to me may be changed.
I acknowledge that this may impact the completion date of my degree.
I have verified that my program is available in the new calendar before submitting this form.
I acknowledge that by submitting this request, I will relinquish my ability to simultaneously enroll in other calendar formats.
I acknowledge that if I am changing my program in addition to my calendar, that a mandatory orientation may be required before registering for classes. Please speak with an advisor to confirm before submitting the Change of Calendar Form.
I acknowledge that a change in my calendar may affect my tuition and thus may affect my financial aid. Please contact the Financial Aid Office before proceeding with your request to understand any financial implications before proceeding with this change.
I acknowledge that if I receive Veterans Administrations (VA) benefits, I must contact the Military Services Office to ensure my status is updated.
I acknowledge that a Change in Calendar could require proof of immunization. Please contact the Immunization Office to ensure that your records are up to date.

International Student? Yes or No (chose one)
a). If yes, please indicate visa type: F/J or J1 ______
b). If yes and changing to fully online program, Are you physically in the United States? Y or N
c). If yes and changing to fully on-campus program, are you physically outside of the United States? Y or N

Failure to provide complete, accurate, and true information may result in a referral to the Dean of Students and/or dismissal from the University.

I certify that all information given on this application is complete, correct, and true. I have read and accept responsibility for the George Mason University Change of Calendar request.

Student Signature: ___________________________ Date: ___________________________

Office of the University Registrar, Student Union I, Room 2101, Phone (703) 993-2441, Fax (703) 993-4668, regsite@Mason.edu

Office Use Only:

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<th>Student Attribute to add:</th>
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