Change of Calendar or Change of Campus

To be completed by students who want to change calendars in which their program is offered or by undergraduate students wishing to change campus from online to in-person or in-person to online (not to be used by Mason Korea):

- 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)
- Change of campus from online program to in- person
- Change of campus from in-person to online

G# : _____ Major: _____

Name: _____

Last First 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)

OR

I am requesting the following campus change (check one): ☐ Switch to fully online program ☐ Switch to in-person program

Effective Semester: Fall _____ Year Spring _____ Year (**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.
	Some calendar/campus changes also require a change in program. Please contact your [college/advisor/department] for details. If the change of calendar also results in a change of program, a "Graduate Change of Program" form must also be submitted.
	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 by submitting this request, I will relinquish my ability to simultaneously enroll in other calendar formats.
	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 **If you have answered yes to <u>any</u> of the above questions, please have an OIPS advisor to sign this section:**_____ ***F-1 and J-1 non-immigrant visa holders are NOT permitted to participate in fully online programs.***

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:** _____

Academic Advisor Signature: _____ Date: _____

Financial Aid Counselor Signature:_____ Date: _____

Academic affairs/Student services office for the major: _____ Date: _____

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

Office Use Only:

Student Attribute to add:		**Cancel Student Attribute:**		**Major / Concentration:**	
Initials:	Date:	Initials:	Date:	Initials:	Date: