



**I. INSTRUCTIONS\***

**SPH students requesting to change campuses:** complete sections II, III, and IV of the form below and send to [spheducation@downstate.edu](mailto:spheducation@downstate.edu). You will receive a response with the next steps within 3-5 business days.

**SPH students requesting to change learning modality:** complete sections II, III, and VI of the form below and send to [spheducation@downstate.edu](mailto:spheducation@downstate.edu). You will receive a response with the next steps within 3-5 business days.

*\*Please note that you will only be allowed to switch campus location or learning modality once.*

**II. GENERAL STUDENT INFORMATION**

Date (MM/DD/YYYY):	
Student Name:	
Student ID #:	
Degree Program:	
Downstate E-Mail Address:	
Student Contact Number:	

**III. ACADEMIC FACULTY ADVISOR INFORMATION**

Advisor's Name:	
Advisor's Email:	

**IV. CAMPUS CHANGE REQUEST INFORMATION**

Current Campus:	<input type="checkbox"/> Brooklyn <input type="checkbox"/> Manhattan
Desired Campus:	<input type="checkbox"/> Brooklyn <input type="checkbox"/> Manhattan
Desired Campus Effective Date: <i>(Please indicate the semester and year you like to begin classes at the desired campus, e.g., Spring 2024.)</i>	
Rationale: <i>(Please provide a brief narrative of any reason(s) you are requesting change of campus.)</i>	

**V. CAMPUS CHANGE REQUEST DECISION (FOR OFFICE OF EDUCATION USE ONLY)**

<b>OOE USE ONLY</b> Campus Change Request Decision:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied*
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*Denial justification:	
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Department Chair Signature	
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Date:

Office of Education Signature	
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Date:

**VI. LEARNING MODALITY INFORMATION**

Current Learning Modality:	<input type="checkbox"/> In-person	<input type="checkbox"/> Synchronous	<input type="checkbox"/> Asynchronous
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Desired Learning Modality:	<input type="checkbox"/> In-person	<input type="checkbox"/> Synchronous	<input type="checkbox"/> Asynchronous
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Desired Modality Effective Date: <i>(Please indicate the semester and year you like to switch to the desired learning modality.)</i>	
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Rationale: <i>(Please provide a narrative of any reason(s) you are requesting this change of learning modality.)</i>	
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**VII. LEARNING MODALITY REQUEST DECISION (FOR OFFICE OF EDUCATION USE ONLY)**

<i>OOE USE ONLY</i> Learning Modality Change Request Decision:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied*
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*Denial justification:	
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Date (MM/DD/YYYY):	
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Department Chair Signature	
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Date:

Office of Education Signature	
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Date: