



**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). Please fill out the form digitally. Do *not* scan the form and complete by hand. Once the form is completed digitally and sent to the SPH Education inbox, 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). Please fill out the form digitally. Do *not* scan the form and complete by hand. Once the form is completed digitally and sent to the SPH Education inbox, 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 #:	
Program & Concentration:	
Downstate E-Mail Address:	
Student Contact Number:	

\*DISCLAIMER: By typing your name, you are signing this form electronically. You agree that your electronic signature is the equivalent of your manual signature on this form.

**III. ACADEMIC FACULTY ADVISOR INFORMATION**

Advisor's Name:	
Advisor's Email:	

**IV. CAMPUS CHANGE REQUEST INFORMATION**

Current Campus:	Brooklyn	Manhattan
Desired Campus:	Brooklyn	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)**

<i>OOE USE ONLY</i> Campus Change Request Decision:	Approved	Denied*
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*Denial justification:	
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Department Chair/ Program Director Signature:		Date:
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Office of Education Signature:		Date:
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**VI. LEARNING MODALITY INFORMATION**

Current Learning Modality:	In-person	Synchronous	Asynchronous
Desired Learning Modality:	In-person	Synchronous	Asynchronous
Desired Modality Effective Date: <i>(Please indicate the semester and year you like to switch to the desired learning modality.)</i>			
Rationale: <i>(Please provide a narrative of any reason(s) you are requesting this change of learning modality.)</i>			

**VII. LEARNING MODALITY REQUEST DECISION (FOR OFFICE OF EDUCATION USE ONLY)**

<i>OOE USE ONLY</i> Learning Modality Change Request Decision:	Approved	Denied*
*Denial justification:		
Date (MM/DD/YYYY):		

Department Chair/ Program Director Signature:		Date:
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Office of Education Signature:		Date:
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