



## Student Change of Location/Modality Request Form

This Student Change of Location/Modality Request Form is required whenever a change of location/modality is requested. The final decision to grant or deny this request will be up to the discretion of the Academic Dean for the Degree Program in which the student is enrolled. Important Note: Incomplete request forms will not be reviewed. **Pacific Oaks College does not guarantee a location change upon request** and will adhere to all policies and procedures regarding changes to student records and programmatic courses of study published in the [Academic Catalog](#). **Location changes, if approved, are ONLY processed at the start of semester (no mid-term changes).**

Date:

Student ID Number:

Student Name:

School (Please select):

Degree Level (Select):

Current Location (Select):

New Requested Location (Select):

**Rationale for Change of Location Request (Please include ALL pertinent details impacting the desire to change locations):**

**Important note: A change of location/modality may impact your course schedule, Financial Aid eligibility/distributions, and time to degree completion. Please communicate with our Student Financial Aid Department and your Academic Advisor PRIOR to submitting this request and confirm your understanding of the following BEFORE submitting:**

I have spoken with the Student Financial Aid Department and understand the impact this change of location may have on my Federal Financial Aid Eligibility and aid distribution schedule.

I have spoken with my Academic Advisor and understand the impact this change of location may have on my course schedule and course availability, anticipated degree completion date, and (if changing from an in-person/ground location to Online-Only) I understand the accelerated nature of Online-Only coursework.

I have spoken with my Faculty Advisor and understand the impact this change of location may have on course load requirements and the accelerated nature of Online coursework (if changing to an Online-Only location).

**Student Signature:**

**Please submit this form electronically to the Office of the Registrar at [registraroffice@pacificoaks.edu](mailto:registraroffice@pacificoaks.edu)**

**For Internal Use**

Academic Dean Approval

Dean (please type name):

Signature: