



MADISON COLLEGE

Mode of Instruction Change Request Form

INSTRUCTIONS - Students need to submit this form to request to change the mode of instruction for their program as determined with assistance from an advisor.

STUDENT INFORMATION

Last Name _____ First Name _____ Middle Initial _____
Mailing Address: Street _____ Apartment _____
City _____ State _____ Zip Code _____
Student ID _____

PROGRAM INFORMATION

Please indicate the program and mode of instruction you are requesting.

Program Title: _____ Requirement Term _____

Select desired mode of instruction: Traditional Online Accelerated

STUDENT SIGNATURE & AGREEMENT

By signing, I certify that I have met with an advisor regarding the above mode of instruction change request.

Student Signature _____ Date _____

ADVISOR SIGNATURE & APPROVAL

By signing, I certify that I have consulted with the above named student and approve the change request.

Staff Name _____

Staff Signature _____ Date _____

SUBMISSION INSTRUCTIONS

Please sign and submit your completed form in **one** of the following ways:

In-person (preferred): Enrollment Center - Truax Campus, Rm. A1000 or any regional or metro campus

Fax: (608) 243-4353

Mail: Enrollment Center, Madison College, 1701 Wright Street, Madison, WI 53704

Please allow up to 10 business days to process a Mode of Instruction Change Request. Requests are reviewed in the order they are received.

Questions? For assistance with this form, call the Student Development Center at 608-246-6076 or visit in-person at the Truax Campus, Rm. D1618.

Regional & Metro Campus Staff - Date stamp, scan and email to intake@madisoncollege.edu.

Enrollment Center - Admissions Use Only:

Staff Name _____ Staff Title _____ Date Processed _____