

Change of Level or Program Request Form

International Services

PART I: TO BE COMPLETED BY THE STUDENT

Last Name: _____ First Name: _____

Student ID#: _____ Phone: _____ Email: _____

U.S. Street Address: _____ Apartment #: _____

City: _____ State: _____ Zip Code: _____

Current Immigration Status: F-1 J-1 SEVIS ID: N _____

Current I-20/DS-2019 Expiration Date: _____ Do you have any dependents? Yes No

PART II: TO BE COMPLETED BY THE ACADEMIC ADVISOR

Student's Current or Previous Degree Level (Complete the one that applies)

1. The student is expected to complete their current Bachelor's Master's degree at the end of:
aeme: _____
term year

2. The student completed his or her previous Bachelor's Master's Doctorate degree at the end of:

term year

Student's New Degree Level or Degree Program (Complete the one that applies)

1. The student is changing his/her educational level from: Bachelor Master to Master Doctorate

New Major Anticipated Start Date

2. The student is changing his/her major from _____
to _____
The student's new expected date of completion is: ____/____/____

3. The student is beginning a sequential Bachelor's Master's degree

New Major Anticipated Start Date

Academic Advisor Information

Signature: _____ Phone: _____