

# 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: \_\_\_\_\_ Date: \_\_\_\_\_