



CHANGE OF PROGRAM LEVEL REQUEST

This form is to be used to request a new I-20 for F-1 Students

****THIS FORM SHOULD NOT BE COMPLETED BY THE STUDENT****

This form MUST be completed by the Department of the program that the student is changing to. *Any missing information will result in a delay of processing.* Please type or print clearly.

Name of Department _____

Department Contact _____

Phone _____ Email _____

STUDENT INFORMATION

Name _____

FVSU ID Number _____

PROGRAM INFORMATION

Degree Program/Major Changing FROM _____

Degree Program/Major Changing TO _____

New Program Start Date _____

Projected Completion Date _____

FUNDING INFORMATION: Attach recent bank statement or affidavit of support

Graduate Advisor/Major Professor/Department Advisor:

Name _____

Signature _____ Date _____

Department Head Name _____

Department Head Signature _____ Date _____