

CHANGE OF PROGRAM/LEVEL REQUEST FORM

SUBMIT COMPLETED FORM TO:

Global Engagement

international@thechicagoschool.edu

DIRECTIONS: If you are planning to change your program or level of study and need to update your I-20/DS-2019, please complete this form and submit it to the Global Engagement Office. If you are going to need additional time to complete your new program/degree, please attach necessary proof of finances for the additional time that you will need to complete the degree or at least one year.

| <u>Part 1</u> : To be completed by the student | |
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| LAST NAME: | STUDENT ID#: | | |
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| FIRST NAME: | MIDDLE NAME: | | |
| SCHOOL E-MAIL: PHONE #: | LOCATION: | | |
| CURENT DEGREE LEVEL: CURRENT PROGRAM: | | | |
| REASON FOR REQUESTING A NEW I-20: | | | |
| HAVE YOU BEEN OFFICIALLY ADMITTED TO A NEW PROGRAM/DEGREE LEVEL: YES NO, NOT YET | | | |
| Change of Program | | | |
| PREVIOUS PROGRAM: | NEW PROGRAM: | | |
| TERM AND YEAR TO BEGIN NEW PROGRAM: | | | |
| Change of Degree Level | | | |
| PREVIOUS DEGREE LEVEL: | | | |
| DID YOU COMPLETE THIS YES NO DEGREE LEVEL: | IF YES, LIST DATE OF COMPLETION: | | |
| NEW DEGREE LEVEL: | TERM AND YEAR TO BEGIN NEW LEVEL: | | |
| Part 2: To be completed by your Academic Advisor/Department Chair | | | |
| THIS STUDENT HAS APPLIED TO: CHANGE PROGRAM OF STUDY | CHANGE DEGREE LEVEL | | |
| RECOMMEND STUDENT BE GIVEN EXTRA TIME TO CONTINUE ACADEMIC PROGRAM? | | | |
| NEW ESTIMATED DATE OF COMPLETION (Month/Year) | | | |
| I certify that the preceding information is c | orrect to the best of my knowledge: | | |
| ADVISOR NAME: | E-MAIL: | | |
| TITLE: | PHONE NUMBER: | | |
| ADVISOR SIGNATURE: | DATE: | | |
| Advisor: If you have questions or need further information, please contact Global Engagement Office. | | | |
| FOR INTERNAL USE ONLY Approved by: Date: | Extended in SEVIS?: □ Yes □ No | | |