

CHANGE OF PROGRAM/LEVEL REQUEST FORM

SUBMIT COMPLETED FORM TO:

INTERNATIONAL PROGRAMS AND SERVICES
800.684.2890 (phone)
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 Designated School Official (DSO)/Alternate Responsible Officer (ARO). 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.

Part 1: To be completed by the student

LAST NAME: _____ STUDENT ID#: _____

FIRST NAME: _____ MIDDLE NAME: _____

TCSP E-MAIL: _____ PHONE #: _____ LOCATION: _____

CURRENT DEGREE LEVEL: _____ CURRENT PROGRAM: _____

REASON FOR REQUESTING A NEW I-20: CHANGE OF PROGRAM CHANGE OF DEGREE LEVEL

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 DEGREE LEVEL: YES NO 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? YES NO

NEW ESTIMATED DATE OF COMPLETION (Month/Year) : _____

I certify that the preceding information is correct 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 your campus DSO.

FOR INTERNAL USE ONLY
Approved by: _____ Date: _____ Extended in SEVIS?: Yes No