



Change of Status

SECTION I—TO BE COMPLETED BY STUDENT (please PRINT legibly all information requested):

TODAY'S DATE: _____

LAST/FAMILY NAME: _____ FIRST NAME: _____

STUDENT ID: _____ SEVIS NUMBER: _____

FIRST DATE OF ATTENDANCE: _____ DATE OF BIRTH: _____

CURRENT MAJOR: _____ DEGREE OBJECTIVE: BACHELORS
 MASTERS

EXPECTED GRADUATION DATE: _____

EMAIL ADDRESS: _____

LOCAL U.S. ADDRESS: _____

PLEASE SELECT THE CHANGE OF STATUS YOU ARE REQUESTING **Change in Program Level** (*requires proof of admission into the program*)
Indicate new program level: Bachelors Masters Other: _____ **Change in Major** (*requires Academic Advisor and Registrar approval*)
Please select new major: General Business Accounting Computer Information Systems
 Corporate Communications Criminal Justice Management
 Finance Hospitality and Tourism Management
 Management Marketing Sports Business Management
 International Business **Name Change**
Present your passport reflecting the name change on your passport to a DSO. Your name cannot be changed without this proof of the name change. A copy will be kept in your student record file. **Change of Address:**

STREET ADDRESS APT/SUITE NO.

CITY STATE ZIP CODE_____
STUDENT SIGNATURE DATE_____
DSO SIGNATURE DATE