

ISS Stamp		

Change of Program Level Request Form

Purpose of form: For students to request a new SEVIS form (I-20/DS-2019) for a change of program level at the graduate level or for a student who has completed/is completing one degree and is beginning another at the same graduate level. The student **must** submit this completed form, supporting financial documentation forms, SEVIS form (I-20/DS-2019), and completed Green Sheet request form to International Student Services, 101 Hatcher Hall, Baton Rouge, LA 70803; <u>isosevis@lsu.edu</u>; or fax +1-225-578-1413. **Important:** Students changing from a bachelor's to a graduate degree should not submit this form; contact <u>isodoc@lsu.edu</u>. **Note: ISS can only change program levels for DS-2019s that are issued by LSU and not other sponsoring organizations (J-1s).**

PART A: Student information (type or print clearly) LSU ID (if known): ___ - __ - __ E-mail address: _____ _____ Given Name(s): _____ By submitting this form I certify that I understand that, if I submit an incomplete request form to ISS, I will be contacted for additional information or correction(s). I also understand that I am responsible for any estimated expenses on the I-20/DS-2019 that are not covered by LSU funding. I authorize that all information provided on this form, including any and all personal, financial, academic data, and/or other data may be shared with LSU International Student Services – Office of Global Engagement to facilitate the request. This data will be securely retained indefinitely. To learn more about privacy at LSU, please see the LSU Privacy Statement (www.lsu.edu/privacy). **PART B:** This section <u>must</u> be completed by the LSU <u>Department</u> (type or print clearly) ISS must be informed of the program level change before the student starts the new program. The program level change must show in the LSU system before ISS can process the request. Questions? Contact isosevis@lsu.edu. Department Name: ______ Department Phone: ______ Department Contact's Name: _____ E-mail address: _____ PROGRAM INFORMATION: Current program/major ______ at __ Master's __ Doctorate __ Other _____ level changing to new program/major _______at __Master's __Doctorate __Other_____level. **FUNDING INFORMATION:** List LSU source(s) of support for the duration of the new program's academic year. AMOUNT DURATION (circle one) DATES IS IT RENEWABLE? SOURCE Full-Time Assistantship (20 hrs.) 9 or 12 mos. Part-Time Assistantship(s) (10 hrs.) 9 or 12 mos. Y N **Graduate School Tuition Award** 9 or 12 mos. Y N Summer (check type below): ☐ Assistantship ☐ Other _____ □ Student Worker Other Award (check type below): 9 or 12 mos. □ Enhancement □ Enrichment □ Supplement □ Other ADDITIONAL COMMENTS AND/OR REMARKS:_____ By signing this form I certify that, to the best of my knowledge, the information on this form has been reviewed and provided by the department and is correct. Graduate Advisor / Major Professor name: ______ Signature: _____ Date: ___/___/___ Department Head name: Signature: Date: / /