



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.

Important: Students changing from a bachelor's to a graduate degree should not submit this form; contact isodoc@lsu.edu. 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: \_\_\_\_\_

Surname: \_\_\_\_\_ 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.

PART B: This section must be completed by the LSU Department (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 \_\_\_\_\_ level changing to new program/major \_\_\_\_\_ at \_\_\_\_\_ level.

New degree start date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Projected Completion date (use commencement date): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ OR Degree-Only date (use degree-only deadline): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

FUNDING INFORMATION: List LSU source(s) of support for the duration of the new program's academic year.

Table with 5 columns: SOURCE, AMOUNT, DURATION (circle one), DATES, IS IT RENEWABLE?. Rows include Full-Time Assistantship, Part-Time Assistantship, Graduate School Tuition Award, Summer, and Other Award.

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: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_