



CHANGE OF PROGRAM LEVEL REQUEST

This completed form, supporting financial documentation forms, and a completed Green Sheet Request should be submitted by the STUDENT to: International Services, 101 Hatcher Hall, Baton Rouge, LA 70803 · isosevis@lsu.edu · fax: +1-225-578-1413

This form is used to request a new I-20 (F-1 students) or a new LSU DS-2019 (J-1 students). The ISO must be informed of the change in program level (i.e. process the new I-20/DS-2019) BEFORE the student starts the new program. In addition, the change in program level must have already been updated in the LSU system by the major department before we can process the new I-20/DS-2019. Note: International Services can only change program levels for DS-2019s that are issued by LSU and not other sponsoring organizations (J-1s).

PART A: Student information (please type or print clearly)

Name: _____ LSU ID Number: _____
FAMILY FIRST MIDDLE

Is this request related to an OPT application? YES NO
If YES, and you are pursuing multiple degrees, do you plan to return to LSU to complete your other degree(s) at the end of your OPT authorized period? YES NO
Have you ever had a Supplement or Enhancement Award in the past? YES NO
Do you still have this award? YES NO

By signing this form, I certify that I understand that if an incomplete request form is turned in to International Services, I will be contacted to collect all forms and bring to my department for correction(s).

Student Signature: _____ Date: _____

PART B: Departmental information (please type or print clearly) – This section MUST be filled out by the Department. Any missing information will result in a delay of processing.

Name of Department: _____
Department Address: _____
Name of Department Contact: _____ E-mail: _____
Department Phone: _____ Fax: _____

PROGRAM INFORMATION

1. CURRENT degree program/major: _____
a. BS b. MS c. PhD d. Other _____
2. NEW degree program/major: _____
a. BS b. MS c. PhD d. Other _____
3. New degree start date: _____ MM/DD/YYYY
4. Projected Completion date: _____
OR Degree-Only date: _____

FUNDING INFORMATION - List all LSU sources of support for student for the duration of the program extension.

SOURCE	AMOUNT	DURATION (please check)	BEG. & END DATE
Full-Time Assistantship	\$ _____	9 12 mos.	_____
Part-Time Assistantship(s)	\$ _____	9 12 mos.	_____
Graduate School Tuition Award	\$ _____	9 12 mos.	_____
Graduate Supplement Award	\$ _____	9 12 mos.	_____
Graduate Enhancement Award	\$ _____	9 12 mos.	_____
Other Award: _____	\$ _____	9 12 mos.	_____
Personal/Family Funds	\$ _____	Attach recent bank statement or affidavit of support	

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.

Graduate Advisor/Major Professor/Departmental Advisor:

Name: _____ Signature: _____ Date: _____

Department Head:

Name: _____ Signature: _____ Date: _____