



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 has completed/is completing one degree and beginning another at the same graduate level.

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

Note: IS 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 IS, 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)

IS 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 IS 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.

New degree start date: ____/____/____ Projected Completion date (use commencement date): ____/____/____
(First day of semester) MM/DD/YYYY 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 (Student Worker, Assistantship, Other), and Other Award (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: ____/____/____