



Change of Level Request

Date: _____

Name: _____ W#: _____

Current Education Level: _____

Current Major: _____

***To be filled out by Academic Advisor of your major:**

1. New Education Level: _____ New Major: _____
2. Date New Program begins: _____
3. Remaining number of credits required to complete degree: _____
4. Expected semester and year of completion (excluding summer semesters): _____
5. Academic Advisor Name: _____
6. Signature: _____ Date: _____

***If it has been more than one year since you started your last program, you must provide:**

- a new bank statement
- a new financial guarantee

-----**To Be Completed by ISSC**-----

Date Received: _____ By: _____

Financials Required (please verify in file): Yes _____ No _____

Financials Received on: _____ By: _____

Change of Level I-20 Issued on: _____ by: _____