CHANGE OF LEVEL REQUEST FORM

Student’s name: ___________________________  __________________________
               Last                                           First

Student ID #: __ __ __ __ __ __________  SEVIS ID #: N __ __ __ __ __ __ __ __ __ __

Email: ___________________________  Phone: ___________________________

Current immigration status (circle one):   F-1           J-1

Change in Level of Study from _____________ to _____________ (example: BA to MA, or MS to PhD)

Changing departments?  Yes      No    If “yes,” name of new department:

___________________________________________________________________________

Current expiration date on I-20 or DS-2019: ________ / ________ / ________
            Month         Day     Year

Do you have any F-2 or J-2 dependents? (circle one):  Yes     No

To be completed by Academic Adviser or Graduate Program Coordinator (before submitting to ISS):

The above named student is making normal progress toward his/her educational objective.

New degree level: ___________________________  Effective: __________ quarter, 20____

Student is expected to complete his/her new educational objective: __________ quarter, 20____

Adviser name: ___________________________  Phone: ___________________________

Signature: ___________________________  Date: ___________________________

Allow 7-10 business days for ISS processing. Complete reverse.
STATEMENT OF FINANCIAL ABILITY

Indicate the funding sources used to support you and your dependents (check all that apply):

☐ **Personal / Family Funds.** Please attach documentation of financial ability (such as bank statements less than 6 months old) which covers the expenses for you during your studies.

☐ **Department Funding (RA or TA appointment).** Attach a letter from the funding department which includes salary and tuition waiver amounts, as well as the length of the appointment.

  NOTE: Graduate student funding may not cover all student expenses and will not cover the expenses of your dependent(s). Please indicate an additional source of funding beyond your RA/TA appointment that will cover any remaining expenses.

☐ **Government Funding.** Attach a letter which details the source, amount and duration of the funding.

I certify that I will be responsible for the total cost for each year of study at the University of Washington, including expenses associated with my dependents.

____________________________________________   __________________
Student signature   Date

ESTIMATED EXPENSES FOR THE 2015-2016 ACADEMIC YEAR

<table>
<thead>
<tr>
<th>Category</th>
<th>9 months</th>
<th>12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergraduate</td>
<td>$54,435</td>
<td>$72,580</td>
</tr>
<tr>
<td>Graduate, self-supported</td>
<td>$48,573</td>
<td>$64,764</td>
</tr>
<tr>
<td>Graduate, University</td>
<td>$36,603</td>
<td>$48,804</td>
</tr>
<tr>
<td>supported</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependent spouse:</td>
<td>$8,680</td>
<td>$11,573</td>
</tr>
<tr>
<td>Dependent child:</td>
<td>$5,950</td>
<td>$7,934</td>
</tr>
</tbody>
</table>

Allow 7-10 business days for ISS processing.