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 one week for 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 2014-2015 ACADEMIC YEAR

Undergraduate: 9 months: $48,015   12 months: $64,019
Graduate, self-supported: 9 months: $48,138   12 months: $64,183
Graduate, University supported: 9 months: $35,100   12 months: $46,800
Dependent spouse: 9 months: $8,488   12 months: $11,317
Dependent child: 9 months: $5,900   12 months: $7,867

Allow one week for processing.