UNIVERSITY of WASHINGTON
INTERNATIONAL STUDENT SERVICES

International Student Services
459 Schmitz Hall, Box 355832
Seattle, WA 98195-5832
Phone: 206.221.7857 Fax: 206.543.9772
iss.washington.edu

Student's name: _____ _____
Last First

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

Email: _____ Phone: _____

CHANGE OF LEVEL REQUEST FORM

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 2016-2017 ACADEMIC YEAR

Undergraduate:	9 months: $54,792	12 months: $73,056
Graduate, self-supported:	9 months: $51,213	12 months: $68,284
Graduate, University supported:	9 months: $36,267	12 months: $48,356
Dependent spouse:	9 months: $8,680	12 months: $11,573
Dependent child:	9 months: $6,040	12 months: $8,054

Allow 7-10 business days for ISS processing.