Change of Level: J-1 Student Request

ISSO will NOT process this request unless all sections of this form are completed and supporting documentation attached.

Student to Complete

ISU ID Number: ___________________________ Phone Number: ___________________________

Student Last Name: ___________________________ Student First Name: ___________________________

Information regarding current academic program:

☐ IEOP
☐ Bachelor’s Degree
☐ Master’s Degree: ☐ Thesis ☐ Non-Thesis ☐ Creative Component
☐ Doctoral Degree
☐ Nondegree

Major: __________________________________________

(Please use the full name of your major, for example: Mechanical Engineering)

Current academic program has been completed: ☐ Yes ☐ No

Note: J-1 students can only change to a higher educational level, except J-1 nondegree students who cannot change to any other educational level.

Information regarding new academic program:

☐ IEOP
☐ Bachelor’s Degree
☐ Master’s Degree: ☐ Thesis ☐ Non-thesis ☐ Creative component
☐ Doctoral Degree

Major: __________________________________________

(Please use the full name of your major, for example: Mechanical Engineering)

Change of level requested for the following semester (select one semester only):

☐ Fall 2014 ☐ Spring 2015 ☐ Summer 2015

Please attach a copy of one of the following to confirm admission to new academic program:

☐ Admission letter
☐ Graduate College form: Masters Student on Ph.D. Track in Same Department
☐ Graduate College form: Request to Transfer from one Major/Program/Department to Another

☐ I have J-2 dependents (please check if applicable): ☐ Wife/Husband ☐ Number of Children: _______

☐ Attach proof of funding

Reference: http://www.isso.iastate.edu/Current_Students/forms.html

By signing this form, I confirm I have reviewed the Change of Level: Frequently Asked Questions – Students in J-1 Status handout located on the ISSO web site at http://www.isso.iastate.edu/Current_Students/forms.html.

Signature of student: ___________________________ Date: ___________________________

Please allow ISSO 10 calendar days to process your request.

An e-mail will be sent to your ISU e-mail address to notify you when your request has been processed.

International Students and Scholars Office, 3248 Memorial Union, Ames, IA 50011-1130 • Phone: (515) 294-1120 • Fax: (515) 294-8263 4/20/11
A student in J-1 nonimmigrant status is eligible to change academic levels to a higher degree level with the exception of a J-1 nondegree student who is not eligible to change academic levels. When authorizing a change of level, the ISSO must determine a reasonable time in which the student should be able to complete the new program. If a student has not earned any credits toward the new degree program, ISSO will use the following timeframes when issuing the new DS-2019:

- 60 months Bachelor’s degree
- 24 months Master’s degree, non-thesis
- 36 months Master’s degree, thesis
- 48 months Doctoral degree, student already has a master’s degree in the same academic field
- 60 months Doctoral degree

As the individual most knowledgeable regarding the student’s new academic program, please use this form to verify information regarding the new degree program. ISSO will review this recommendation to ensure it complies with immigration regulations.

**Academic/Faculty Advisor to Complete**

Student ISU ID Number: ________________________________

Student Last Name: ____________________________________

Student First Name: ____________________________________

The information on the *Change of Level: Student Request* form is accurate.  

☐ Yes  ☐ No

If no, please explain: ____________________________________________

**Information regarding the student’s new academic program:**

How many coursework credits remaining to complete degree requirements: ________________________________

How many research credits for thesis or dissertation remaining to complete degree requirements: ________________________________

Estimated date (month and year) this student will be eligible for the final oral defense: ________________________________

Estimated date (month and year) when all degree requirements will be completed: ________________________________

*Note: Immigration regulations consider completion of degree requirements, not graduation, as the end of legal status.*

Advisor Last Name: ________________________________ Advisor First Name: ________________________________

Advisor Signature: ________________________________ Date: ________________________________

**ISSO Use Only**

Date submitted to ISSO / /  Date entered in ADIN / / 

Processed by ☐ AS  ☐ BZ  ☐ DP  Date advisor processed / /  Approved ☐ Yes  ☐ No

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