



Change of Level Academic Verification Form

Purpose of form: For graduate students who need a new I-20/DS-2019 Certificate of Eligibility for an approved change of degree program. **Important:** Students changing from Bachelor to graduate degree should not use this form; contact isodoc@lsu.edu.

Note: ISO can only change levels on DS-2019s that are issued by LSU and not other sponsoring organizations (J-1s).

PART A: Student information (type or print clearly)

LSU ID (if known): _____ - _____ - _____ E-mail address: _____

Surname: _____ Given Name(s): _____

This Academic Verification Form is a component to the online Change of Level Request that the student must submit to International Services (ISO) for a change of education level I-20/DS-2019. ISO must be informed of the change of degree program before the student starts the new program and the change must show in the LSU system before ISO can process the request.

PART B: Must be completed by the Admitting Department (type or print clearly)

Department Name: _____ Department Phone: _____

Department Contact's Name: _____ E-mail address: _____

Please confirm the student's new program information:

Degree Level (circle one): Master's Doctorate Other _____ **Major:** _____

Start date (circle semester, write the year): Fall 20____ Spring 20____ Summer 20____

Projected Completion date (circle semester, write the year): Fall 20____ Spring 20____ Summer 20____

Will this completion date be the Degree-Only date for the chosen semester? (circle one) Yes No

Is the student funded by the admitting department? (Circle one and follow the corresponding instructions.)

Yes – sign below within Part B, confirm funding in Part C (no need for HRM contact to sign), and return the completed Academic Verification Form to the student.

No – sign below within Part B and return this Academic Verification Form to the student.

Important: Please provide a copy of the completed Graduate School Request for Change of Degree Program form when returning this form to the student. The student will need both forms when submitting their online request to ISO for a new program I-20.

Graduate Advisor / Major Professor name: _____ Signature: _____ Date: ____/____/____

Department Head name: _____ Signature: _____ Date: ____/____/____

PART C: Confirm the student's LSU funding information for the year (type or print clearly)

If funding is not from the Admitting Department, the hiring department must complete this section, sign below, and return the completed form to the student.

SOURCE	STIPEND	DURATION (circle one)	START & END DATES	IS IT RENEWABLE? (circle one)
Full-Time Assistantship (20 hrs.)	\$ _____	9 or 12 mos.	____/____/____ - ____/____/____	Y N
Part-Time Assistantship (10 hrs.)	\$ _____	9 or 12 mos.	____/____/____ - ____/____/____	Y N
Graduate School Tuition Award	\$ _____	9 or 12 mos.	____/____/____ - ____/____/____	Y N
Other: _____	_____	_____	____/____/____ - ____/____/____	_____

("Other" example: Summer student worker Summer wages amount. No other fields would need to be completed since it would be only for summer.)

Hiring Department HRM contact: _____ Signature: _____ Date: ____/____/____