



Carnegie Mellon University
 5000 Forbes Avenue
 Warner Hall, Third Floor
 Pittsburgh, PA 15213
 Tel: 412.268.5231
 Fax: 412.268.7832

www.cmu.edu/oie
 Students & Scholars: oie@andrew.cmu.edu
 Study Abroad: goabroad@andrew.cmu.edu

Change of Program Request Form

For:

- Students who will change educational level at CMU (such as bachelor’s to master’s or master’s to doctorate)
- Students who will enter the master’s portion of an integrated master’s program
- Graduate students who will start a new program at the same educational level (i.e., a student who has completed one master’s program and will start in a new one, or who is transferring from one graduate program to another)

Students who will change their program must contact the Office of International Education (OIE) **at least 30 days before** either:

- a) their current I-20/DS-2019 completion date OR
- b) the change of program goes into effect, whichever comes first.

Complete this form and checklist and submit all requirements to OIE.

Required Information for Change of Program Document Issuance

F-1/J-1 Visa Holder Information

Family Name: _____ First Name: _____

Email: _____ Andrew ID: _____

Phone: _____

Address (must match SIO): _____
Street (Apt.)

_____ City State Zip Code

Proof of acceptance into your new program (see page 2)

ORIGINAL documentation of financial support not more than 6 months old

For department funding, you may use the “Department Verification of Admission and Financial Support” form or a letter on department letterhead that describes the amount and duration of the support. If you are funded by another source, we will need a letter of support from your sponsor, as well as ORIGINAL supporting financial documents not more than 6 months old.

Check here to request a new OIE Verification Letter for PA driver’s license renewal.

Upon receipt of a complete request, your I-20/ DS-2019 will be ready for pick-up at the front desk of OIE in 5 business days.



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Department Verification of Admission and Financial Support

Student: Complete the following information, and then give this form to the appropriate person in your academic department. If you are not funded by your department, you must provide personal funds or a letter of support from your sponsor, as well as ORIGINAL supporting financial documents not more than 6 months old.

Student Name (please print): _____

Andrew ID: _____

Academic Department

Admission Verification: Complete the admission verification of the student named above (**required**)

Academic department: _____

Academic program and degree level admitted to: _____

Semester new program begins*: _____ (as indicated in SIS)

*For combined or accelerated programs, please indicate the semester the student will begin solely master's-level work.

Anticipated program completion date: _____

Cost of tuition: \$ _____

 Name of Department Personnel (please print) Phone Number or Email Address

 Signature of Department Personnel Date

Financial Support Verification: Amount of financial support provided by the department, if applicable.

Amount of tuition support from department: \$ _____

Amount of monthly stipend: \$ _____ 9 months [] 12 months [] Other _____

 Name of Department Personnel (please print) Phone Number or Email Address

 Signature of Department Personnel Date