Changing Academic Level and/or Beginning a New Degree Program

If you will finish a program of study but still continue studying at UMSL, this form describes the steps that need to be taken for you to stay in good status. To ensure that you stay in good F-1 or J-1 status, you need to follow the two steps below before you finish your current level/program.

Please note: we cannot process your request if any of the following points apply to you:
1) You have a hold on your student account
2) You are currently not enrolled as full-time student (unless our office has given you written authorization to drop below full-time status)
3) You have ever failed to complete a full-time load of courses in any previous semester (this includes delayed (DL), excused (EX), and nonparticipation (FN) grades, none of which count towards full-time enrollment)

1. Apply for admission to the new program
   - Do this about two to three months before you finish your current program
2. After you are admitted, turn in a request for a new I-20 or DS-2019 to our office. This request should include:
   - The "Immigration Document Request for a New Program" form (attached);
   - Proof of admission to the new UMSL program (an admission letter); and
   - Proof of financial support for one year of study (use the chart below to determine the minimum amount of funding that must be shown).
   - Copy of your passport & your US visa

<table>
<thead>
<tr>
<th>2020-2021 Academic Year Costs</th>
<th>Undergraduate*</th>
<th>Graduate**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Resident Tuition</td>
<td>$23,690</td>
<td>$22,298</td>
</tr>
<tr>
<td>Room and Board</td>
<td>$14,756</td>
<td>$14,756</td>
</tr>
<tr>
<td>Health Insurance</td>
<td>$2,101</td>
<td>$2,101</td>
</tr>
<tr>
<td>Total</td>
<td>$40,547</td>
<td>$39,155</td>
</tr>
</tbody>
</table>

NOTE: If you have dependents in the US, additional annual funds of $4000 for a spouse and $3500 per child must be shown

* Undergraduate Students in College of Nursing total cost is: $45,333
** Graduate Students in College of Business total cost is: $41,277
   Graduate students school of Optometry total cost is: $59,604
Immigration Document Request for a New Program

Name: ____________________________________ , ______________________________

Family/Last Name  Given/First Name(s)

Triton ID # (Student ID) ___________________________  Today’s Date: ___________________________

UMSL Email Address: ___________________________@mail.umsl.edu  Visa Status: □ F-1  □ J-1

Local Address_____________________________________________________________

Are you a sponsored student? □ NO  □ YES (Please select below)

□ SACM  □ Fulbright/IIE/IREX  □ CBIE  □ Other: __________

Have you continuously maintained your status? □ YES  □ NO - Explain: ___________________________

Do you have any holds on your account? □ YES  □ NO - Explain: ___________________________

Have there been any other unreported changes to your immigration record (such as change of name, address, citizenship, additional dependents?) □ YES  □ NO

If yes, describe: ____________________________________________________________________________________

Current Degree Program/Major: ___________________________

Current Level: □ Bachelor’s  □ Master’s  □ Graduate Certificate  □ PhD  □ OD

Future Degree Program/Major: ___________________________

Future Level: □ Bachelor’s  □ Master’s  □ Graduate Certificate  □ PhD  □ OD

Will you be traveling outside of the United States soon? □ NO  □ YES  If yes, please answer the questions below.

1. What is your departure date and where will you be travelling?

______________________________________________________________

2. When does your visa expire? ____________

3. Are you currently on OPT or STEM Extension OPT: □ NO  □ YES  If yes, please list the expiration date on your EAD card here: ____________ MM/DD/YYYY

Do you have any dependents (spouse, children) currently in F2 status? □ NO  □ YES

If yes, check how many dependents: □ Spouse  □ Children - # _______

*If you need to add any new dependents, please see the “Inviting dependents” packet

For use by ISSS staff only:

Date completed: ________________  Comments: ______________________________  DSO Initials: ____________