CHANGE IN CURRICULUM / CHANGE IN LEVEL REQUEST

(This form must be used for a Change of Level, Change in Curriculum, or Adding a Co-major. This completed form should be returned to OIS within 10 days of the requested change.)

STUDENT NAME/ID: __________________________________ _______ 000- -
(LAST/FAMILY NAME) (FIRST NAME) (ID NUMBER)

DO YOU HAVE DEPENDENTS IN THE US? Yes ______; If yes, how many? ______; No ______

THIS REQUEST IS FOR: □ Change of Level □ Change in Curriculum □ Adding a Co-Major

IF CHANGING EDUCATIONAL LEVEL: Previous Level: ______ New Level: ______ (Please indicate BS, MS/MA or PhD)

PREVIOUS ACADEMIC PROGRAM/CURRICULUM: _______________________________ (No abbreviations, please)

NEW ACADEMIC PROGRAM/CURRICULUM/CO-MAJOR: ______________________________

Note: For a student to be eligible to work on Optional Practical Training in both majors, he/she must complete the requirements for both degrees in the same semester. Please confirm your completion date(s) and plan of work with your academic advisers/DGPs before submitting this form.

The Director of Graduate Programs or Undergraduate Academic Adviser must complete the information below

1. Please indicate the semester in which the student’s change is/will be effective: ___________________________
   (semester/YYYY)

2. Please indicate below the student’s new anticipated date of completion: ___________________________
   (MM/DD/YYYY)

3. Has this student maintained continuous full-time enrollment and made normal progress toward completion of degree?
   □ Yes □ No Current TGPA: __________

DIRECTOR OF GRADUATE PROGRAMS OR UNDERGRADUATE ACADEMIC ADVISER:

Name (please print): _________________________________ Signature: _________________________________

Email: _________________________________ Fax: ___________ Phone: _____________ Date: ______________

Additional Comments:

IF THIS CHANGE REFLECTS THE ADDITION OF A CO-MAJOR:

DIRECTOR OF GRADUATE PROGRAMS OR UNDERGRADUATE ACADEMIC ADVISER CERTIFICATION FOR SECOND CURRICULUM

Name (please print): _________________________________ Signature: _________________________________

Email: _________________________________ Fax: ___________ Phone: _____________ Date: ______________

Note: If the student will meet the requirements of his/her second major in a semester other than indicated above (question #2), please indicate here in which semester he/she will complete: ___________________________
NC State Teaching/Research Assistantship $ ________________

NOTE: If your stipend is less than $1518/monthly or $762.50/biweekly, you WILL need to provide additional funding for living expenses.

GSSP: Yes ______ No _______

All Other Organizations $ _____________Name of organization:________________________ Annual ______ Monthly ______

Personal or Family Funds (Attach original, updated bank statement in US$) $ ___________________________

The required funding amounts for Fall 2008, Spring 2009 and Summer 2009 are listed below (funding subject to change yearly):

One Academic Year or more: $17753 Tuition and Fees
Total: $31,825 $14072 Living Expenses
*Please add an additional $6000 for spouse and $4000 for each child.

One Semester: $8876.50 Tuition and Fees
Total: $15,912 $7036 Living Expenses
*Please add an additional $3000 for spouse and $2000 for each child.

Summer: $665 Tuition and Fees per 1 credit hour* for Undergraduates
$718 Tuition and Fees per 1 credit hour* for Graduates
$1973 per month living expenses
*Please add an additional $667 per month for spouse and $445 per month for each child.

OIS only:

OIS Adviser: ______________________ Date Received: _______________ Date Processed: _______________

Please Read: You MUST attach supporting documentation, such as copy of RA/TA contract, sponsor letter, personal bank statement, etc. Funding for the I-20/DS-2019 must reflect guaranteed funding for at least one academic year in writing. If your department funding is/cannot be certified beyond one semester, be prepared to demonstrate additional funding (e.g. personal/family funding) for the subsequent semester. OIS cannot process a new I-20/DS-2019 without the appropriate financial documentation.

By signing below, I certify that I have maintained full-time enrollment, I have updated MyPack Portal ("Physical Address") with my current US address, maintained the university health insurance plan, and have attached the necessary financial funding to this form:

Student signature: ___________________________ Date: ______________________________