

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

- Please indicate the semester in which the student's change is/will be effective : _____
(semester/YYYY)
- Please indicate below the student's **new** anticipated date of completion: _____
(MM/DD/YYYY)
- 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: _____

Source of Financial Support Amount in \$US

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: _____

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:
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