



Request for a Change of Visa Status

Please allow 5 full business days for processing a complete application

To be eligible for a change of status:

- F-2 visa holders
 - I-20 program start date requested in the change of status application should be no later than the end of the applicant's 60 day grace period
 - **NOT** eligible to enroll in courses or work on campus until change of status is approved
- B-1/B-2 visa holders
 - Visa status must be valid until 30 days before the I-20 program start date requested in the change of status application
 - **NOT** eligible to enroll in courses or work on campus until change of status is approved
- H-1B/H-4 visa holders
 - Visa status must be valid until 30 days before the I-20 program start date requested in the change of status application
 - Eligible to enroll in courses but may **NOT** work on campus before change of status is approved
- J-1/J-2 visa holders
 - I-20 program start date requested in the change of status application should be no later than the end of the applicant's 30 day grace period
 - Eligible to enroll in courses before change of status is approved **IF** current J-1/J-2 status allows for enrollment
 - If the J-1/J-2 is subject to the 212(e) 2-year foreign residence requirement, she/he is **NOT** eligible for a change of status

To be completed by the student:

Last Name: _____ First Name: _____
SCSU ID#: _____ Degree Level: _____
Major: _____ Phone number: _____
SCSU e-mail: _____ Personal e-mail: _____
Address: _____
Current visa status: _____ Current visa end date: _____
(Visa type) (MM/DD/YEAR)

By signing below, I certify that the above information is true and correct to the best of my knowledge.

Student Signature: _____ Date: _____

To be completed by the academic advisor:

How many credits does the student have left to complete? _____

What is the student's recommended program end date? _____
(Semester / Year)

By signing below, I verify that I have completed the student's Program Completion Plan and the above information is true and correct to the best of my knowledge.

(Signature of Academic Advisor) (Date Signed)

(Name – Please Print) (Phone)

(Academic Department)