



CHANGE OF STATUS FORM

This form is required for all international applicants seeking F-1 status. Please write clearly, complete the entire form, attach all required documents, and submit via email, or mail.

A) CHANGE OF STATUS

New F-1 status Change of status to F-1 from _____ (current status)

B) STATUS INFORMATION

Family Name (Surname): _____ First Name (Given): _____

Middle Name: _____

Country of Birth: _____ Country of Citizenship: _____

Date of Birth (mm/dd/yyyy): _____ Gender: Male Female

Email Address: _____

This will be the primary method of communication used by UB International Advisers.

Copy of Passport Photo Page: [] Already sent [] Attached [] Will be sent

Permanent Residential Address in Your Home Country

Street and Number: _____

City: _____ Province/State: _____

Postal Code: _____ Country: _____

Telephone Country Code: _____ City Code: _____ Telephone Number: _____

C) FINANCIAL CERTIFICATION

Students who wish to study in the United States in F-1 status must have the ability to afford all educational and living expenses. Available liquid assets to cover these expenses must be demonstrated. Students may be sponsored by a parent, relative, friend, government agency, scholarship agency or themselves.

Sponsor's Name: _____

Relationship to You: _____

City and Country of Residence: _____

D) ARE YOU CURRENTLY LIVING IN THE UNITED STATES?

No (skip to section F) Yes (fill out the information below)

U.S. Street Address: _____

City: _____ State: _____ Zip code: _____

Telephone Number: (____) _____

Please submit the following required documents:

Copy of Passport Visa

Page: Copy of I-94 Form

E) SCHOOL TRANSFER

If you are not transferring schools, skip to section F.

School where you were last authorized to attend by the Department of Homeland Security:

School: _____ City: _____ State: _____

Date of your last attendance at above school (mm/yyyy): _____

Note: Attach a copy of previous I-20 Form(s)

Are you currently on or have you recently completed Optional Practical Training? No Yes

If yes, valid from _____ to _____

Notes: Attach a copy of Employment Authorization Document (EAD card)

F) DO YOU HAVE DEPENDENT(S) THAT REQUIRE IMMIGRATION ASSISTANCE?

No Yes (Please complete and submit a Dependent I-20/DS-2019 Request Form.)

G) REFERENCE

How did you learn about Eastern Illinois University? _____

H) SIGNATURE

I certify that all information provided is complete to the best of my knowledge.

Signature: _____ Date: _____

Return this form to the Office of International Students and Scholars (OISS)

By email (preferred)	By mail
Scan/attach documents and email oiss@eiu.edu	Eastern Illinois University 1170 Blair Hall 600 Lincoln Avenue Charleston, Illinois 61920