I-20 Request – Change of Status to F-1

Family/Last Name	First Name	Middle Name	WCUID
Date of First Semester at WCU	Field of Study	Expected date of Graduation	Email Address
Telephone Number	Date of Birth	_____Bachelors _____Master	Current Status: _____F-1 _____J-1 _____ (other) please indicate current visa status.

Home Country Address:
Current United States Address:

Please choose one Change of Status method:

_____ Request I-20 for Change of Status in the U.S.

_____ Request I-20 (Initial Attendance) I will exit the U.S. for visa interview and re-enter in F-1 status

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THIS PORTION TO BE SIGNED BY THE STUDENT AND CIP DSO/ARO

By signing below, I confirm that I have read and understand all Change of Status regulations and policies stated on the CIP website.

_____

Student's Signature   Date

_____

DSO/ARO   Date

Center for International Programs ~ Mitchell Hall ~ 675 S. Church Street ~ West Chester, PA 19383
Phone: 610-436-3515 ~ Fax: 610-436-3426 ~ Email: international@wcupa.edu

10/2021