

This form must be submitted with UCI Graduate Division's Change of Degree Level form for graduate students who will transition from one degree level to another.

Section 1 must be completed by the student; Section 2 must be completed by the student's academic department.

CHECKLIST:

(Forms listed in **BOLD** are available on the International Center [website](#))

- GRADUATE DIVISION: CHANGE OF DEGREE LEVEL FORM
- INTERNATIONAL CENTER: VISA DOCUMENT REQUEST FOR CHANGE OF DEGREE LEVEL FORM (THIS FORM)**

IF CHANGING FROM MASTERS TO PHD:

- FUNDING VERIFICATION FORM (FOR MASTER'S TO PHD STUDENTS ONLY)**

SECTION ONE: STUDENT INFORMATION	
TODAY'S DATE [MM/DD/YYYY]:	UCI STUDENT ID #:
LAST NAME:	FIRST NAME:
DATE OF BIRTH [MM/DD/YYYY]:	SEVIS NUMBER: N
TELEPHONE:	UCI EMAIL:
CURRENT MAJOR:	

SECTION TWO: TO BE COMPLETED BY ACADEMIC DEPARTMENT	
STUDENT'S CURRENT DEGREE LEVEL:	<input type="checkbox"/> MASTERS <input type="checkbox"/> DOCTORATE
STUDENT'S NEW DEGREE LEVEL:	<input type="checkbox"/> MASTERS <input type="checkbox"/> DOCTORATE
IF THE STUDENT IS CHANGING FROM A MASTERS TO DOCTORAL PROGRAM, PLEASE SPECIFY THE FOLLOWING:	
Will the student earn their Master's degree before beginning the PhD program?	<input type="checkbox"/> YES <input type="checkbox"/> NO (If NO, please see question below)
Will the student earn a Master's degree during the PhD program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
When will the student begin PhD coursework?	<input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER YEAR:
Expected Completion Date:	<input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER YEAR:
IF THE STUDENT IS CHANGING FROM A DOCTORAL PROGRAM TO MASTERS PROGRAM, PLEASE SPECIFY THE FOLLOWING:	
Expected Completion Date:	<input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER YEAR:
ACADEMIC DEPARTMENT VERIFICATION	
ACADEMIC ADVISOR'S NAME:	ACADEMIC ADVISOR'S SIGNATURE:
PHONE NUMBER:	DATE: