

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. Section 3 will only need to be completed if the student will change from a Masters to PhD program.

SECTION 1: 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:	

CHECKLIST:

- 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:

- COMPLETE SECTION 3, FINANCIAL INFORMATION (PAGE 2 OF THIS FORM)

SECTION 2: 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 Masters 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 Masters 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
Expected Completion Date:	<input type="checkbox"/> FALL	<input type="checkbox"/> WINTER	<input type="checkbox"/> SPRING
			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
			YEAR:

ACADEMIC DEPARTMENT VERIFICATION	
ACADEMIC ADVISOR'S NAME:	ACADEMIC ADVISOR'S SIGNATURE:
PHONE NUMBER:	DATE:

SECTION THREE: FUNDING INFORMATION FOR 2020-2021 [IF APPLICABLE]					
LEVEL OF STUDY:	EAP	UNDERGRADUATE	GRADUATE (STANDARD)	ADVANCED TO CANDIDACY	PER DEPENDENT
TUITION/FEES:	\$0	\$45,426	\$33,033	\$17,931	\$4,500
LIVING EXPENSES:	ACADEMIC YEAR (9 MONTHS) REQUIRES \$21,000 (\$7,000 PER QUARTER)				
TOTAL:	\$21,000	\$66,426	\$54,033	\$38,931	\$4,500

***GRADUATE STUDENTS** - IF YOUR ACADEMIC PROGRAM HAS SPECIFIC FUNDING INFORMATION THAT IS DIFFERENT FROM THE STANDARD, PLEASE VISIT: <http://reg.uci.edu/fees/2020-2021/index.html> OR CONTACT YOUR ACADEMIC DEPARTMENT

SECTION THREE (CONTINUED): FUNDING SOURCE(S) (SELECT ALL THAT APPLY)	AMOUNT (IN US DOLLARS):
<input type="checkbox"/> SELF/PERSONAL FUNDS <ul style="list-style-type: none"> ATTACH BANK STATEMENT/LETTER [MUST BE IN ENGLISH, U.S. DOLLARS AND DATED WITHIN THE LAST 3 MONTHS] 	\$: _____
<input type="checkbox"/> FAMILY/PRIVATE FUNDS <ul style="list-style-type: none"> ATTACH BANK STATEMENT/LETTER [MUST BE IN ENGLISH, U.S. DOLLARS, AND DATED WITHIN THE LAST 3 MONTHS] SIGN AFFIDAVIT OF FINANCIAL SUPPORT BELOW [IF SPONSOR IS OUTSIDE OF THE U.S., PROVIDE A LETTER OF SUPPORT FROM SPONSOR] <p style="text-align: center;"><u>AFFIDAVIT OF FINANCIAL SUPPORT</u></p> <p>I have read the information about the amount needed for tuition/fees and living expenses required for the period of my study at UCI. I certify that funds in the amount stated on this form are available and I accept responsibility for these expenses. I have provided a current bank statement that verifies that funds are available.</p> <p>SIGNATURE OF SPONSOR: _____</p> <p>NAME OF SPONSOR: _____</p> <p>RELATIONSHIP TO STUDENT: _____</p>	\$: _____
<input type="checkbox"/> UNIVERSITY OF CALIFORNIA, IRVINE <ul style="list-style-type: none"> DEPARTMENT PROVIDING FUNDS: _____ SCHOOL OF: _____ DEPARTMENT CONTACT NAME & TITLE: _____ <p>I certify that funds are available for the student to cover tuition/fees and/or living expenses in the amount stated.</p> <p>DEPARTMENT SIGNATURE: _____</p> <p>TELEPHONE NUMBER: _____</p>	\$: _____
<input type="checkbox"/> AGENCY, GOVERNMENT AGENCY, HOME UNIVERSITY <ul style="list-style-type: none"> ATTACH AWARD/FUNDING LETTER NAME OF AGENCY: _____ 	\$: _____

SIGNATURE

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED ABOVE IS CORRECT AND I AM AWARE THAT I MUST PROVIDE DOCUMENTATION TO SUPPORT THE I-20/DS-2019 REQUEST.

STUDENT SIGNATURE: _____ DATE (MM/DD/YYYY): _____