



Office of International Programs

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ESL Change of Level Form

Important notes. Please read

- Change of ESL level requires an updated ESL I-20.
- If the extension is not processed and completed before the 60 days, your F1 visa will be completed and you will be required to leave the US.

PART I: STUDENT INFORMATION

ID Number: _____ - _____		Date: (Month ____ Day ____ Year ____)	
First Name:		Last Name:	
Current U.S. Address:			
City:	State:	Zip Code:	
Telephone Number:		Email Address:	

PART 2: FINANCIAL SUPPORT: Please submit Financial Support Form along with supporting financial documents.

<input type="checkbox"/> Financial Support Form <input type="checkbox"/> Financial documents: <ul style="list-style-type: none"> ➤ Less than 3 months old ➤ In English ➤ Minimum funding needed for change of level period. 	<input type="checkbox"/> Copy of biographical page of passport <input type="checkbox"/> Copy of current I-20 <input type="checkbox"/> Copy of I-94 (obtained from www.cbp.gov)
<input type="checkbox"/> Pick up – by student only <input type="checkbox"/> Mail to address above	

PART 3: ACADEMIC/DEPARTMENT ADVISOR:

By signing this form, as the academic advisor you agree that:

Student will be registered full time for each semester.

To complete the additional level with new classes only (no repeated classes from previous levels)

1. Current Level: _____ Expected date of ESL level completion: (Month/____Day/____Year/____)	
2. What level are they expected to advance to _____ and when will they complete that level: (Month/____Day/____Year/____).	
3. Is this student making normal progress towards the completion of their current level? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Has the student been attending all required classes with no excused absence or makeup work <input type="checkbox"/> Yes <input type="checkbox"/> No	
Academic Advisor Signature:	Date: (Month/____Day/____Year/____)
Print Name and Title:	Telephone Number:

PART 4: PDSO/DSO APPROVAL:

<input type="checkbox"/> Approved:	<input type="checkbox"/> Denied	If denied, reason:			
Signature of PDSO/DSO:		Initials:		Date: (Month/Day/Year)	