

Carnegie Mellon University

Office of International Education

5000 Forbes Ave, Cyert Hall 1st Floor, Suite 101 Pittsburgh, PA 15213
 Phone: (412) 268-5231 • Email: oiie@andrew.cmu.edu • Web: www.cmu.edu/oiie

Change of Program Request Form for F-1 and J-1 Students

Students who will change their program must submit this form and other required documents to the Office of International Education (OIE) at least 30 days before:

1. Their current I-20/DS-2019 expires, **OR**
2. The date their change of program goes into effect, **whichever comes first.**
 - New I-20's/DS-2019's take 5 to 10 business days to process from submission of all required materials

This Form Is For:

- A. Students who will change educational level at CMU (i.e. Bachelor's to Master's or Master's to PhD)
- B. Students who will enter the Master's portion of an integrated Master's program or 5th Year Master's Program
- C. Graduate students who will start a new program at the same educational level (i.e., a student who has completed one graduate program and will start in a new one, or who is transferring from one graduate program to another)

NOTE: If you are currently on OPT/STEM OPT from CMU, your work authorization will automatically end on the start date listed on your new I-20.

Application Process:

STEP 1: Be Informed. Read this handout thoroughly and carefully.

STEP 2: Receive your new academic department's recommendation. Have your academic advisor (from your new program) complete page 2 of this form.

STEP 3: Obtain Proof of Financial Support. Submit proof of financial support to cover the new degree program/remainder of the time you will need to complete your new program. *NOTE: If your change of program results in an earlier program end date than your current I-20 end date, you do not need to submit financial documents.*

- You must include financial support for tuition, living expenses, and for any dependents (see current expenses below).
- For department funding, you may use admissions letter and page 2 of this form, which describes the amount and duration of the support.
- If you are funded by another source other than yourself, you must submit OIE's Affidavit of Support Form (see [undergraduate form](#) or [graduate form](#)) from your sponsor with original supporting financial documents, such as original bank letters showing that the funds are available. **They must have been issued within the past 6 months.**

Estimated Expenses 2024-2025			
Undergraduate Expense Type	Undergraduate Student Expenses	Graduate Expense Type	Graduate Student Expenses
Tuition	\$66,246	Tuition	Contact Academic Dept.
Living Expense - Housing	\$10,816	Fees	\$976
Living Expense - Food	\$7,350	Living Expenses	\$29,385
Health Insurance	\$2,697	Health Insurance	\$2,697
Books and Supplies	\$2,400	Books and Supplies	\$2,212
Total	\$89,509	Total	\$35,270 + Tuition
Dependent Expenses (if Applicable)	Additional Undergraduate Expense	Dependent Expenses (if Applicable)	Additional Graduate Expense
Spouse	\$10,608	Spouse	\$10,608
One Child	\$8,052	One Child	\$8,052
Each Additional Child	\$5,148	Each Additional Child	\$5,148

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Student Information: Completed by the student. Complete the information in this box, and then give this form to the appropriate person in your academic department. **Remember**, if you are not funded by your department/CMU, then you must submit **OIE's Affidavit of Support Form** (see [undergraduate form](#) or [graduate form](#)) from your financial sponsor with supporting financial documentation, such as bank letters or bank statements showing that the funds are available. **The supporting financial documentation MUST have been issued within the past 6 months.**

STUDENT CHANGING FROM	STUDENT CHANGING TO
Academic Department:	Academic Department:
Degree Program:	Degree Program:
Surname/Family Name:	Given/First Name:
Date of Birth (mm/dd/yyyy):	AndrewID:
Current Passport Expiry Date (mm/dd/yyyy):	U.S. Phone Number:
Current US Address:	
(Street)	(Apt #)
(City)	(State & Zip Code)
*Address must also be updated in SIO!	

Academic Advisor(s) or Authorized Department Personnel(s) From Student's New Degree Program.

Academic Department:	New Academic Program:
Level of Study (<i>Bachelor/Master/PhD/Other</i>):	
New Program Will <i>START</i> [Fall/Spring/Summer] MM/DD/YY:	New Program Will <i>END</i> [Fall/Spring/Summer] MM/DD/YY:
Cost of Tuition (per semester): \$	Check Here If ABD Tuition:

IF FUNDED BY THE ACADEMIC DEPARTMENT: Complete the information below to indicate the amount of financial support being provided by the department for the student named above.	
Departmental Support Begins (mm/dd/yyyy):	Amount of Tuition Support Being Provided: \$
Amount of Monthly Stipend: \$	Stipend Is For: <div style="display: flex; justify-content: space-around;"> 9 Months 12 Months Other </div>

VERIFICATION TO BE COMPLETED AND SIGNED BY THE ACADEMIC ADVISOR OR DEPARTMENT COORDINATOR.

NOTE: Providing materially false, fictitious, or fraudulent information may subject you to criminal prosecution under 18 U.S.C.1001. Other possible criminal and civil violations may also be applicable.

Name of Academic Advisor/Authorized Department Personnel (Print):	Email and Telephone:
Signature of Academic Advisor/Authorized Department Personnel:	Date: