

# CHANGE OF STATUS APPLICANTS AGREEMENT

Form 050-005  
Rev. 08/18



Tysons Campus  
8620 Westwood center Dr.  
Vienna, VA 22182  
TEL. 703-206-0508

Centreville Extension  
5940 Centreville Crest Lane  
Centreville, VA 20121  
TEL. 703-266-0508

Silver Spring Extension  
12125 Veirs Mill Road  
Silver Spring, MD 20906  
TEL. 301-929-0565

## PLEASE READ:

The following rules apply to all the prospective students who request Change of Status;

1. Student's whose application status shows eligible to study in the U.S. must start studying the program by the date on the student's I-20. (Individuals with B1/B2 and F2 visas are not eligible to enroll until approved for an F-1 visa)

2. If students cancel a request for a Change of Status for any reason in the middle of the case being processed, a refund will be made according to the following schedule:

Cancel before the program start date on the student's I-20	Deduct \$200 from the deposit
Cancel within 6 months after the program start date on the student's I-20	Deduct 50% from the deposit.
Cancel within 12 months or later after the program start date on the student's I-20	no refund issued

3. If the student's change of status is denied, the deposit will be refunded after deducting \$150 for processing fee.

4. Columbia College will defer any B1/B2 visa holder's application for I-20 until the students' F-1 visa is approved. B1/B2 visa holder application will be charged a \$50 fee every session after the initial I-20 start Date.

Applicant's Name: \_\_\_\_\_  
*Last First Middle*

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Gender:     Male       Female  
*Month Date Year*

Address: \_\_\_\_\_  
*Street City State ZIP*

Phone: (    ) \_\_\_\_\_      Email: \_\_\_\_\_

*By signing below, I fully understand the regulations above and agree that failure to enroll may lead to denial of my admission.*

Student's Signature: \_\_\_\_\_      Date: \_\_\_\_\_  
*Month Date Year*

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## For Office Use Only

Signature of School Representative:

\_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Date Year

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Date Year