

CHANGE OF STATUS REQUEST FORM

Form 050-005
Rev. 06/18



COLUMBIA COLLEGE

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

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

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

1. Applicant's Information:

Applicant's Name: _____
Last First Middle

Date of Birth: ____/____/____ Gender: Male Female
Month Date Year

Address: _____
Street City State ZIP

Phone: (____) _____ Email: _____

Nationality: _____

Program: _____

Current Status of student: (Check one):

B1/B2/F2 Other: _____

Campus: _____ Start Date (if applicable): _____

2. Signatures Required:

Applicant's Signature: _____ Date: ____/____/____
Month Date Year

Advisor Name & Title: _____

Advisor Signature: _____ Date: ____/____/____
Month Date Year

For Office Use Only

Change of Status Approval Date: _____

Program Start Date: _____

Student ID: _____

Related Departments:

**Please initial*

International Students Office _____

Business Office _____

Academics _____

Admission _____

Offline ESL _____

School Approval:

Registrar's Signature: _____ Date: ____/____/____
Month Date Year