

# CHANGE OF STATUS REQUEST FORM

Form 050-007  
Rev. 12/21



COLUMBIA COLLEGE

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

Rockville Extension  
20 W. Gude Drive  
Rockville, MD 20850  
TEL. 301-929-0565

## 1. Applicant' 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 VESL \_\_\_\_\_

### School Approval:

Registrar's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Month Date Year*