Berkeley College

INTERNATIONAL STUDENT CHANGE FORM

Last Name	First Name	Student ID
Phone	Email	
 I'm requesting to take on I'm requesting to take pa I'm requesting to change I'm requesting to withdraw 	rt-time courses my degree or major	
□ I'm requesting to take a s □ I completed an		
I will be ou	ete an academic year tside of the U.S. during the U.S. before	
	ng for OPT. Students must mail	aving completed an academic year may ntain valid F-1 status throughout their
Student's Signature		Date
To be completed by Acad	emic Advisor:	
Student's request is approve	ed □ Yes □ No	
Comments		
Signature	Date	Semester Approved
To be completed by International Student Advisor:		
Student's request is approve	ed □ Yes □ No	
Comments		
Signature	Date	Semester Approved