

CHANGE OF STATUS REQUEST FORM

Form 050-007
Rev. 07/22



COLUMBIA COLLEGE

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

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