



East Central University

Change of Status J1 to F1 Student

To file change of non-immigrant status from J-1 to F-1 Student review and complete the following procedure. Check or money order for filing fee made payable to “**Department of Homeland Security**”

NOTE: This procedure, if approved, just changes your status. If you travel outside the US after your change of status is approved, your will need to apply for a F-1 visa stamp in your passport.

You MUST provide the International Office with a copy of anything that you receive from USCIS, whether it is a request for additional information or the approval notice, showing that your status has been changed to F-1!

RESTRICTIONS FOR CHANGE OF STATUS FROM J-1 TO F-1

The following nonimmigrants are not permitted to change status to F-1 in the United States:

- J-1 physicians admitted to receive graduate medical education or training
- J nonimmigrants subject to the 212(e) 2-year foreign residence requirement

APPLICATION PROCEDURE

PART #1: In addition to the other required admission documents also send the following to ISPS:

1. Completed Form I-20 Application (attached below)
2. Form I-94 (Can obtain your electronic I-94 at the Customs Border Patrol website <https://i94.cbp.dhs.gov/I94/request.html>)
3. Original Form DS-2019 and Passport page (*unexpired*)

PART #2: Once accepted to ECU, send the following documents to the USCIS lockbox to file your change of status:

1. Completed Form I-539 (obtain from USCIS website here <http://www.uscis.gov/portal/site/uscis>, type I539 in search bar)
2. Check or money order for filing fee made payable to “**Department of Homeland Security**”
3. Copy of J-1 Form DS-2019 & Original ECU issued Initial F-1 Form I-20 (signed by you)
4. Copies of passport identification page & J-1 Visa stamp page
5. Copy of Form I-94
6. Copy of the SEVIS I-901 Fee Receipt (obtain from USCIS website here <https://www.fmifee.com/i901fee/index.jsp>)
7. A letter from you explaining why you want to apply for a change of status
8. Documentation which verifies the source and amount of financial support (i.e., official, original bank letter and bank statement showing that the minimum estimate of expenses for the primary student + cost of dependent is covered. See below). See page 9 of International Application Packet for the minimum estimate of expenses.

PART #3: Send the documents from **PART # 2** by **certified mail** to either:

For U.S. Postal Service (USPS) Deliveries:

USCIS
PO Box 660166
Dallas, TX 75266

For Express Mail and Courier Deliveries:

USCIS ATTN:
I-539
2501 S. State Hwy. 121 Business
Suite 400
Lewisville, TX 75067

NOTE: It may take up to 6 months to get a response from USCIS. You must provide ISPS with a copy of **anything** you receive from USCIS. You can check your status at <http://www.uscis.gov/portal/site/uscis> with your receipt number.



East Central University Application for I-20

REASON FOR NEW I-20 (Please check all that apply):

Entry to Regain Status *

Reinstatement within the U.S. *

Change of Immigration Status *

F-2 to F-1 F-1 to F-2 B-1/B-2 to F-1 F-1 to B-1/B-2 J-1 to F-1 J-2 to F-1

Expected Start Date: _____

Change of Program Level

From: _____ To: _____

Pursuing Second Degree Program *

New Program Name: _____ New Program Start Date: _____

Expected Graduation Date: _____ (Proof of Admission must be attached)

Program Extension *

Reason for Extension: _____ New Program End Date: _____

Other: _____

Dependents* (Please write dependents name below **ONLY** if you are requesting an I-20 for your dependent(s), **AND BRING PROOF OF RELATIONSHIP. SUCH AS MARRIAGE CERTIFICATE, BIRTH CERTIFICATE, ETC.**)

Last Name	First Name	Middle Name	Date of Birth	Country of Birth	Country of Citizenship	Relationship

(*) Asterisk indicates that new financial documentation is required if current financial documentation is more than 6 months old.

PLEASE COMPLETE PAGE 2 OF THIS FORM

PERSONAL DATA

Visa Type:		ECU Email:	
SEVIS ID (From I-20):		ECU ID:	
Please Check: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Ms.	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (Month/Day/Year):	
Country of Citizenship:		Country of Birth:	
Last Name:	First Name:	Middle Name:	
Current Degree Program:			
Major:		Academic Department:	
Program Start Date:		Program End Date:	

FINANCIAL RESOURCES (If Required, Marked by Asterisks * on Page 1)

Student Personal Funds:	Funds From This School: (Scholarships, Assistantships, etc.)
Funds From Other Sources: (Specify Source)	On Campus Employment:

FORGEIN ADDRESS

Street:	
City:	Province:
Postal Code/ Zip Code:	Country:

U.S. ADDRESS

Street:		
City:	State:	Zip Code:

TELEPHONE

Home:	Work:	Mobile:
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I will pick up I-20 Student's signature: _____ Date: _____