



SEVIS CHANGE FORM

Please print clearly. An incomplete request form cannot be processed. **It will take approximately 5 working days to process this request.**

Name _____
Last (Family) First Middle

CSUCI ID _____ Date of Birth ____/____/____

Degree/Major _____ Expected Completion Date _____

Check ALL that apply:

☐ Change of Major to: _____ ☐ CPT Authorization

☐ Change of program level to: _____ ☐ Change of address

☐ Change expected completion date to: _____

New address: _____

This section for OPT and CPT applicants only

Describe proposed employment for CPT or OPT:

Requested start date: _____ Ending date: _____

Hours per week: _____

I certify that the information I have supplied is true and correct.

Signature _____ Date _____ Phone Number _____ E-mail address _____

Office Use only: Date Received: _____

Submitted to SEVIS on: _____

NOT submitted to SEVIS _____

Processed by: _____