University of the Pacific
International Programs and Services (IPS)
Student’s Request Form

This form is provided for your convenience and is designed to facilitate the communication of certain information required by the regulations. Please complete the form in full, sign, and return it to IPS. Allow two (2) working days to complete your request.

I, ___________________________________________________________________________________
(Please Print Name) Last Name   Given Name   Middle Name
Pacific I.D. No.:_________________SEVIS I.D. No.:_________________I-94 No.:__________________
I am registered as a full-time student majoring in _____________________________________________
Educational Level: Bachelors   Masters   Doctorate Visa Type  F-1     F-2    J-1    J-2
Email Address:_______________________________________ Tel. No.:__________________________
I would like to apply for (check all that applies):
Certification Letter (You must WRITE ON THE SPACE PROVIDED A SPECIFIC ADDRESSEE and include the
information you would like to have incorporated, use a separate sheet(s) of paper if you need more space.)

Change Of Academic Level To:    □Bachelor’s Degree □Master's Degree □Doctorate Degree
Change Of Program End Date From:________________________ to _______________________
               mm/dd/yy                                          mm/dd/yy
(Explain; use a separate sheet(s) of paper if you need more space. Provide financial document(s) scholarships, fellowships,
personal or family funds, etc. to support your educational, living expenses, and your dependent(s) if any.)

Change Of Nonimmigrant Status From:   _____F-1 _____J-1 to _____visa category
Transfer To Another School/College Of Pacific To Begin A New Program Of Studies
from College/School of:_____________________________________________________________
to College/School of:_________________________________________________________________
Major Field of Study:_________________________________________________________________
Other (Explain, use a separate sheet(s) of paper if you need more space).

I certify that all information provided on this Form refers specifically to me and is true and correct to the best of my knowledge. I authorize International Programs and Services the release of any information from my records which is needed to determine my nonimmigrant status.

_____________________________________________  __________________________________
Signature                                                                                      Date
==================================================================
FOR IPS USE ONLY
Program of Study Dates:  Begin Date:______________________End Date:_____________________
□SFAREGS: Academic Term:__________________________________ Credit Hours:___________
□SHATERM: GPA__________  Academic Standing______________________________________
□SOAHOLD:______________________________________________________________________
Remarks:__________________________________________________________________________
Approved by:__________________________ Date:__________________________