

Changes in Academic Level

International students who are changing their academic level are required to complete this form. You must meet with the International Student Advisor to submit this request. In order to be eligible for a change of academic level you must be in good academic standing (2.0 cumulative grade point average).

_____ N _____
CCS Student ID # SEVIS ID #

Family name: _____

Given name: _____

Email: _____ Telephone: _____

Date of Birth: _____

Graduate Program to Undergraduate Program:

Change from:
Current
Graduate
Program
(Select One)

Change to:
Proposed B.F.A. Undergraduate
Program (Select One)

Read the statement below, sign and date. An electronic signature is acceptable.

I certify that I have read the request form instructions and information in full, and to the best of my knowledge, the information I have provided is accurate. I understand that I will be billed for CCS health insurance (Student Assurance.) I also understand that I must report address changes within 10 days of any change in current (US) or permanent (out-of-US) address.

Student Signature:

Date:

CHANGE OF ACADEMIC LEVEL

In order to be eligible for a change of academic level you must be in good academic standing (2.0 cumulative grade point average and meet satisfactory academic progress).

Name: _____ Student ID#: _____

Address: _____ Email: _____

_____ Phone: _____

_____ Last Semester Enrolled at CCS _____

Graduate Program to Undergraduate Program:

<p>Change from: Current Graduate Program (Circle One)</p> <ul style="list-style-type: none"> <input type="radio"/> Color and Materials Design <input type="radio"/> Interaction Design <input type="radio"/> Integrated Design <input type="radio"/> Transportation Design 	<p>Change to: Proposed B.F.A. Undergraduate Program (Circle One)</p> <ul style="list-style-type: none"> <input type="radio"/> Advertising Design <input type="radio"/> Advertising Copywriting <input type="radio"/> Crafts: Ceramics / Fiber / Metal / Art Furniture / Glass 	<ul style="list-style-type: none"> <input type="radio"/> Entertainment Arts: Animation / Video / Game <input type="radio"/> Fashion Accessories Design <input type="radio"/> Graphic Design <input type="radio"/> Illustration <input type="radio"/> Interior Design <input type="radio"/> Photography <input type="radio"/> Product Design <input type="radio"/> Transportation Design
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Student Signature: _____ **Date:** _____

Graduate Chair Signature: _____ **Date:** _____

Graduate Advisor Signature: _____ **Date:** _____

UG Department Chair Signature: _____ **Date:** _____

Transfer Credit Evaluation must accompany this form.

Transfer Credit Evaluated by Advisor Yes No

Transfer Credit: Evaluated by Department: Yes No

<p>Distributed to:</p> <p><input type="checkbox"/> Financial Aid</p> <p><input type="checkbox"/> International Student Services</p> <p>Completed by AARO:</p> <p>Processed: _____ Date: _____</p> <p><input type="checkbox"/> Changed Mentor <input type="checkbox"/> Changed Advisor</p> <p>Notes:</p>	<p><i>Return completed form to:</i></p> <p>Assistant Registrar Academic Advising & Registration Office College for Creative Studies 201 East Kirby Street, Detroit, MI 48202 Phone: (313) 664-7672</p>
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