



# Program Extension

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**SECTION I—TO BE COMPLETED BY STUDENT** (please PRINT legibly all information requested):

TODAY'S DATE: \_\_\_\_\_

LAST/FAMILY NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

STUDENT ID: \_\_\_\_\_ SEVIS NUMBER: \_\_\_\_\_

FIRST DATE OF ATTENDANCE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

MAJOR: \_\_\_\_\_ DEGREE OBJECTIVE:  BACHELORS  
 MASTERS

EXPECTED GRADUATION DATE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

LOCAL U.S. ADDRESS: \_\_\_\_\_

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**Required Documents:**

Please provide a funding letter and/or a bank statement for the following:

- Tuition plus \$1,000 for personal expenses
- Additional \$4,500 for spouse, \$2,500 for each child

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**SECTION II—TO BE COMPLETED BY ACADEMIC ADVISOR:**The above names student needs additional time until \_\_\_\_\_ to complete the requirements for his or her degree for the following reason: *(expected graduation date)*

- Medical Reasons (Medical Doctor (MD) documentation required)
- Change of Major
- Other: \_\_\_\_\_

\_\_\_\_\_  
Academic Advisor Signature\_\_\_\_\_  
Date

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**SECTION III—DSO APPROVAL**

PROGRAM EXTENSION REQUEST STATUS:

- APPROVED
- DENIED

IF APPROVED:

DATE SEVIS RECORD  
UPDATED AND NEW I-20  
ISSUED:

DSO SIGNATURE: \_\_\_\_\_

\_\_\_\_\_