



PROGRAM EXTENSION FORM

In order to extend my program and extend my I-20, I must apply to my DSO for an extension **before my program end date**. I must provide the following:

Complete the following describing the compelling valid academic or medical reasons why your program could not be completed within the allotted time (3 years). Please also specify an expected date of completion of your program.

I _____ (*name*) request that my I-20 be extended. The reason I need to extend my program is:

My anticipated program completion date is: _____

Updated financial statement (showing at least \$15,784 and bank statement must be dated within 3 months)

Signature

Date

For Office use only Academic Advisor Documentation Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Updated SEVIS? _____ Notes: _____ _____ _____
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For Office use only

Academic Advisor Documentation Needed? Yes No

Updated SEVIS? _____

Notes: _____

