

**PROGRAM EXTENSION REQUEST FORM**

Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SEVIS ID #: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip/Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Current Program: \_\_\_\_\_

**Please specific the reasons for requesting I20 extension (For Example; Annual Vacation, Authorized to Drop below Full Course, Failing/Incomplete Class):** \_\_\_\_\_

**Student is required to submit the new bank statement that covered for the time extended along with this form to DSO 10 business days before the I20 is expired.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Academic Faculty uses only.

The student's name \_\_\_\_\_, student' ID \_\_\_\_\_,  
is;

- Required (amount) \_\_\_\_\_quarter(S) to complete the program.
- Not require additional quarter.
- Additional comments: \_\_\_\_\_  
\_\_\_\_\_

Chair Department's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vice President of Academic's signature: \_\_\_\_\_ Date: \_\_\_\_\_