

Program Extension Request Form

International Services

PART I: To Be Completed by the Student

Last Name: _____ First Name: _____

Street Address: _____ Apartment #: _____

Student ID#: _____ Phone: _____ Email: _____

Current Immigration Status: F-1 J-1 Do you have any F-2 or J-2 dependents? Yes No

SEVIS ID: _____ Expiration date of current I-20/DS-2019: _____

I need more time to complete my degree due to medical reasons:

Date(s) _____