



I-20 Program Extension Request Form for International Students

Student Information

| | | | |
|---------------|--|----------------|--|
| Student ID : | | Name: | |
| Address: | | | |
| Phone Number: | | Email Address: | |

Degree Program Information

| | | | |
|--------------------------|-----------------------------|-------------------------------|----------------------------|
| Degree | B.A / M.A / M.Div / D.Miss. | Currently Registered Semester | Spring 20____, Fall 20____ |
| Expected graduation date | / / 20 | | |

Reason for Extension

| | |
|--|--|
| More time needed to complete the program (If so, indicate how many additional semester is needed) | |
| If Other Reasons, Briefly Describe | |

Student Signature

Date

Approval

| | | |
|---------------------------------------|-----------------------------------|------|
| <input type="checkbox"/> Approved | Student Dean's Name and Signature | Date |
| <input type="checkbox"/> Not Approved | | |

Office Use Only

| | | | |
|--------------------|--|-------------------|--|
| Received Date | | Issuing Date | |
| DSO/PDSO Signature | | Officer Signature | |
| Remark | | | |