

# 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) \_\_\_\_\_