



I-20 Program Extension Request Form

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	

Fee (New I-20 & Processing): \$50 Financial Office (Confirm or Check)_____

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			