



REQUEST FORM: PROGRAM EXTENSION I-20

(Please allow **at least five business days** to process all requests)

Today's Date: _____ Student ID #: _____

Last Name: _____ First Name: _____

Address: _____ City: _____ State: ____ Zip Code: ____

Phone #: _____ **Personal Email:** _____

Level: Associates Bachelor's Master's

Major (According to GPS): _____

General Information:

- Students may only extend their I-20 for academic or medical reason(s).
- All students are recommended to retain previous I-20s for future usage.

Graduating Term: _____

Required Documents	Received
New bank statement reflecting sufficient funds (See international advisor)	
Print out GPS to reflect correct graduation term (See SAS if changes are required)	

For Office Use Only:

Received by: _____ Date Processed: _____ Processed by: _____

SOAHOLD SFAREGF SPAIDEN GOAINTL SGASTDN FSA Notes