

# Request for a Program Extension

This form is to be completed when the student is unable to complete all of their degree requirements in the time allotted on their I-20:

## This portion is to be completed by the student:

\_\_\_\_\_  
Print Last Name, First Name

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Major

\_\_\_\_\_  
I-20 Expiration Date

## This portion is to be completed by the academic advisor:

The delay of the student's graduation is due to:

A change of major

Student has failed multiple classes.  
If so, how many classes? \_\_\_\_\_

Student needs to repeat a class already taken. \_\_\_\_\_

Academic Probation/Suspension

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When is the student's new projected graduate date? \_\_\_\_\_

\_\_\_\_\_  
Advisor's Name Printed

\_\_\_\_\_  
Department

\_\_\_\_\_  
Advisor's E-mail @csustan.edu

\_\_\_\_\_  
Advisor's Phone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

Please return form to the Office of International Education or to Brittany Fentress (bfentress@csustan.edu).