Advisor's Signature

Advisor: Please return form to iss@csustan.edu



Request for a Program Extension

This portion is to be completed by the student

This form is to be completed when an F-1 student is unable to complete all of their degree requirements in the time allotted on their I-20. Please make sure you return this form <u>before</u> your current I-20 expires. Once your I-20 has expired, you can only regain active F-1 status by applying for <u>reinstatement</u> or traveling outside the US with a new I-20 and paying a new <u>I-901 fee</u>. Fill in student portion, save, and email to your advisor.

First (Given) Name	Last (Family) Name		
Student ID Number	Major as Listed on Current I-20		I-20 Expiration Date
	n is to be completed ent's graduation is due to (select all the		cademic advisor
A change of major		Transfer Jy	
Added an addition	nal major:		
Student has failed	multiple classes. If so, how many cla	sses?	
Student needs to	repeat a class/classes already taken		
Academic Probati	on/Suspension		
Other:			
What is the student's	new projected graduate date?		
Advisor's Name			Department
Advisor's E-mail		@csustan.edu	Advisor's Phone Number

Date (mm/dd/yyyy)