

International Technological University

2711 North First Street - San Jose, CA 95134 Phone (888) 488-4968 www.itu.edu

Program Extension Request Form

To extend the program end date of your I-20, you must request to have your program extended 30 days before the expiration date. If the extension is not completed before the current form expires or you have not completed your program, you will be out of status and will need to apply for reinstatement. Students must have continually maintained status and the delay is caused by a compelling academic and medical reason.

- 1. Complete the Student section of the Program Extension Request Form at least 30 days prior to program expiration date
- 2. Submit the Program Extension Request Form to your Academic Advisor for review and verification
- 3. If approved by your advisor, submit the Program Extension Request to ISO with your Financial Statement for review

| SECTION 1: TO BE COMPLETED BY STUDENT | |
|---|--------------------------------|
| Student Name: | Student ID#: |
| Student Email Address: | Current I-20 Program End Date: |
| Degree Program: | SEVIS #: |
| Excepted Graduation: | Phone #: |
| Local U.S. Address: | |
| Submit the following documents to ISO for review: | |
| Program Extension form – Signed by Academic Advisor Financial Support Documentation: a. All financial documents must show funds that are readily available. Financial bank statements and/or letters must be less than 6 months old and include the name of the account holder. (A financial sponsor may be a parent, family member, or another person who will provide financial support) b. Passport (passport should be valid at time of the extension) NOTE: Submission of program Extension Request does not automatically grant approval. | |
| SECTION 2: TO BE COMPLETED BY ACADEMIC ADVISOR | |
| Is this student making normal progress toward his/her current degree? ☐ Yes ☐ No | |
| Do you recommend this student be given additional time to continue his/her studies? | |
| ☐ Yes ☐ No Number of Credit Hours Remaining: New expected completion date: | |
| The student has not yet completed the current program of study due to (check all that apply): | |
| □ Delay caused by a change of program or field of study □ Delay caused by a change in research topic □ Delay caused by unexpected research problems □ Delay caused by documented medical illness (please provide medical doctors note) □ No unexpected delay, student needs additional time to complete program of study □ Student needs more time due to the following compelling academic reason(s): | |
| I have read and understand the conditions for a Program Extension the University as stated on this form. I understand that I am responsible for all academic and financial bearings that will result in my extension. Delays caused by academic probation or suspension are not acceptable reasons for a program extension. | |
| Student Signature | Date |
| Administrative Use Only: | |
| Academic Advisor | Date: |
| Office of the University Registrar: | Date: |
| International Student Office | Date: |

