

REQUEST FOR PROGRAM EXTENSION

REQUIRING DEPARTMENT
APPROVAL

A request for a program extension must be authorized by the academic advisor and IPGE before a student's program and I-20 can be extended. Immigration regulations allow program extensions for students maintaining status and making normal progress toward completing educational objectives. The student is responsible for obtaining a program extension prior to I-20 expiring. If a program extension is not authorized prior to I-20 expiring, then the student will be out of status and must file for reinstatement.

Name: _____ Date: _____

E-mail: _____ Sac State ID: _____ Phone: _____

Degree Objective: Undergraduate Graduate SEVIS Number: _____

Current Visa status: F-1 J-1

To be completed by program advisor:

① Student's academic program (major): _____

② Requested extension of (choose one): 1 semester 1 year

③ Expected program completion/graduation date: _____

④ Reason(s) for delay in program completion (please check all that apply):

Change of major

Unavailability of courses

Change in research topic

The original allotted time for study (on I-20 or DS-2019 document) is not sufficient

Medical reasons (medical documentation from a medical practitioner must be attached)

Other reason(s), please specify below:

I hereby recommend additional time for student to complete his/her program.

Advisor Name: _____ Advisor Signature: _____

Date: _____ E-mail: _____ Phone #: _____

For IPGE Use Only:

Petition Approved: _____ Petition Denied: _____ Date: _____ Staff Initials: _____



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