



International Students & Scholars
INTERNATIONAL AFFAIRS
University of California Merced

PROGRAM EXTENSION REQUEST FORM

SECTION A: STUDENT INFORMATION

Full Name (First Last):	<input type="text"/>		
Student ID #:	<input type="text"/>	Degree	<input type="text"/>
		Program:	<input type="text"/>
Email Address:	<input type="text"/>		

SECTION B: PROGRAM INFORMATION

Current I-20 Program End Date:

Date you will complete your degree requirements:

- Extension Reason:
- ☐ Illness / Medical
 - ☐ Change in Major or Research Topic
 - ☐ Additional Coursework Required
 - ☐ Unexpected Research Problems on Dissertation / Thesis Project

Please explain the compelling academic or medical reason for the extension request as it relates to the box selected above. *(This statement prints on your I-20.)*

STUDENT SIGNATURE:

The Department of Homeland Security regulations allow for a program extension due to compelling academic or medical reasons. By signing below, you certify the extension is required due to the reasons noted above.

Student Signature: Date:

ACADEMIC ADVISOR or DEAN SIGNATURE:

I confirm the student requires additional time to complete degree requirements. The Graduate Dean's signature is required if the student will exceed their 12th semester.

Advisor/Dean Signature:	<input type="text"/>	Date:	<input type="text"/>
Graduate Division Dean's Signature (If applicable):	<input type="text"/>	Date:	<input type="text"/>