



PROGRAM EXTENSION REQUEST FORM

Up to one academic year (2 semesters) may be requested per extension request. Extension requests must be submitted during the semester in which the I-20 or DS-2019 expires, and no later than 2 weeks before expiration.

SECTION A: STUDENT INFORMATION

Full Name (First Last):

UCM Email Address:

SECTION B: PROGRAM INFORMATION

Current I-20 or DS-2019 Program End Date:

Requested End Date (Semester / Term & Year):

Have you applied for post-completion OPT?

Extension Reason: (*Select one*)

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Illness / Medical *Submit required medical documentation*

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Change in Major or Research Topic *Complete box below*

☐

Additional Coursework Required *Complete box below*

☐

Unexpected Research Problems on Dissertation/Thesis Project *Complete box below*

Explain the **compelling** academic reason why you are unable to complete your program as it relates to the box selected above.

REQUIRED: Submit updated financial support (F & J Visa students) and proof of medical insurance (J visa only) for the requested period of extension.

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 compelling reasons as 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 you are a graduate student who will exceed your 12th semester.

Academic/Faculty Advisor Signature:

Date:

Graduate Division Dean's Signature
(If applicable):

Date: