



INTERNATIONAL
STUDENTS AND
SCHOLARS
Office of International Affairs

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):

Extension Reason: (*Select one*)

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Illness / Medical *Submit medical documentation*

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Change in Major or Research Topic *Complete box below*

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Additional Coursework Required *Complete box below*

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

Explain the compelling academic reason
for this extension request as it relates to
the box selected above (2-3 sentences).

J-1 Students: Submit updated financial information and proof of medical insurance for the requested period of

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:

Date:

Graduate Division Dean's
Signature (If applicable):

Date:

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