



# ITU

**International Technological University**

Mailing Address: 2010 El Camino Real, #852, Santa Clara, CA 95050, USA

Local: (408) 733-1623 | Toll Free: (833) 637-0866 | Fax: (408) 886-9209

www.itu.edu

Campus Location: 3120 Scott Blvd, Santa Clara, CA 95054, USA

## Program Extension Request Form

To extend the program end date of your I-20, you must request to have your program extended at least 30 days before the expiration date. If the extension is not completed before your I-20 expires, or you have not completed your program, you will be out of status. Students must have continually maintained F-1 visa status, and the delay for completing your program must have been caused by a compelling academic or medical reason.

1. Complete the **Student** section of this Program Extension Request Form at least 30 days prior to program end date on your I-20.
2. Submit this Program Extension Request Form to Academic Advising for review and approval.
3. If approved by Advising, **sign the Student Signature** section and send this Program Extension form to ISO with your proof of funds.

### SECTION 1: TO BE COMPLETED BY STUDENT

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Student Email Address: \_\_\_\_\_ Current I-20 Program End Date: \_\_\_\_\_

Degree Program: \_\_\_\_\_ SEVIS ID: \_\_\_\_\_

Expected Graduation Term: \_\_\_\_\_ Phone #: \_\_\_\_\_

Local U.S. Address: \_\_\_\_\_

### Submit the following documents to ISO for review:

1. This Program Extension form – Signed by Academic Advisor and by student
2. Financial Support Documentation:
  - a. All financial documents must show funds that are liquid and 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 throughout your extension period)

**NOTE: Submitting this Extension Request does not automatically guarantee 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 complete 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: \_\_\_\_\_

International Student Office \_\_\_\_\_ Date: \_\_\_\_\_