Request for F-1 Program Extension

Name: _	(LAST name)	
	(LAST name)	(First name)
Student	ID#	SEVIS ID #:
The reason why you are requesting a program extension: (check one)		
Important Academic Reason:		
	Change of Major	
	Other:	
Illness	or Medical Reason:	
Date(s)	of illness or medical conditio	n:
	Documentation is on file in the	ne International Student Advisor's Office.
	Documentation is attached.	
	lay due to academic probation on according to Immigration r	or suspension is not an acceptable reason for a program egulations.
eviden		of illness or a medical reason you must attach medical stor or psychologist on official stationery that states the time you were ill.
-	, ,	but do not meet these qualifications, please make an ational Student Advisor to discuss your options.
Signatu	ıre:	Date:
		(For office use only)
	Approved Date:	Extended until:
	Denied because:	