

**International Student Program**

3000 Campus Drive

Livermore, CA 94551-7650

Tel: 925.424.1540

Fax: 925.424.1877

Web: www.laspositascollege.edu/international**PROGRAM EXTENSION FORM**

NAME: _____ W NUMBER: _____

In order to extend my program and extend my Form I-20, I must apply to my Designated School Official (DSO) for an extension **before my program end date**. In order to have my program extended, I must show that my delay in completion is caused by compelling academic or medical reasons, such as a change of major, high unit major, or a documented illness. I must provide the following:

1. Complete the following describing the compelling valid academic or medical reasons why your program could not be completed within the allotted time (3 years). Please also specify an expected date of completion of your program.

I _____ (name) request that my Form I-20 be extended. The reason I need to extend my program is:

My anticipated program completion date is: _____

2. Updated financial statement (showing **at least \$21,424** and bank statement must be dated within 3 months)

3. Take this form and meet with Ms. Heike Gecox, International Student Counselor in Building #1600. Have her complete the following. Then return this completed form along with your **updated Student Educational Plan** to the International Student Program.

☐ This student IS making normal progress towards completion of his/her degree. A copy of the student's Student Education Plan is on file. I recommend that the student have his/her program extended. The student is expected to complete all degree requirements by _____ (date).

☐ This student is NOT making normal progress and I cannot recommend that he/ she have ~~additional time to complete his/her program.~~

Counselor Notes: _____

Counselor Signature: _____

Date _____