

Program Extension Authorization

The student must complete this form, obtain the academic advisor authorization and return the form to ISSS **prior** to the I-20 end date. *Forms will **not** be accepted after that date.*

Student Name: _____ Date: _____

Major: _____ SID#: _____ Degree: _____

Dates of attendance on I-20 Form: Begin _____ End _____

Expected date of completion _____
Month date year

Source of Funding (Check all that apply) Documentation is required for personal or other funding sources. Provide a bank statement or new financial certificate with a bank stamp and original signatures.

- UCSC funds: Full tuition, fees and expenses
- UCSC funds: Partial tuition, fees and expenses. Indicate dollar amount \$ _____
- Personal or other funds: Indicate dollar amount \$ _____ *Documentation Required*

Program extension will be approved due to compelling academic or medical reasons only. Delays caused by academic probation or suspension are not acceptable reasons. Students must be maintaining F-1 status and making normal progress toward completing the educational objective.

Program Extension may be Approved if: (Check all that apply)
Describe the compelling valid academic or medical reasons below

- Change of major or research topics _____

- Unexpected research problems _____

- Documented illness _____

- Other _____

I approve of this student's request for Program Extension

Academic Advisor Authorization Print Name Signature Date

International Adviser Authorization Signature Date