

Program Extension Request Form

PART I: To Be Completed by the Student

Last Name:		_ First Name:	
Street Address:			Apartment #:
Student ID#:	Phone:	Email:	
Current Immigration S	tatus: □ F-1 □ J-1	Do you have any F-2	2 or J-2 dependents? ☐ Yes ☐ No
SEVIS ID:		Expiration date of curren	nt I-20/DS-2019:
Date(s) of illness	to complete my degree do or medical condition: FR cument is attached cument is on file in the C	month day year	TO://
PART II: To Be C	completed by the Ac	ademic Advisor	
Delay was caused Delay was caused Delay was caused	by a change in major field by a change in research to by unexpected research p by lost credits upon trans- academic reason (explain	opic problem(s) sfer to Webster Universit	
Number of credits rem	aining towards degree co	mpletion:	
The student's new expe	ected date of completion	1S:	
I recommend that the	is student be allowed ac	dditional time to compl	lete their studies.
Signature:			Date:
Name:			Phone:
INSTRUCTIONS			
	ed, scanned attachment of		
Your subject line show	ıld be: "Program Extension	on Request, Last Name, l	First Name, Webster ID #"
	You will receive a re	esponse within 5-7 busi	ness days.