

**PROGRAM EXTENSION FORM**

This form is required for all international students who plan to extend their program of study at UCSB. Students must submit completed extension form with I-20 or DS-2019 Request Form and proof of financial support to OISS at least two weeks before program end date listed on the I-20 or DS-2019.

**SECTION 1: TO BE COMPLETED BY STUDENT**

Name: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
*Family/Primary Name* *First/Given Name* *Middle Name*

SEVIS ID: \_\_\_\_\_ PERM #: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Level of Study:     Doctorate             Master             Bachelor             Non-Degree

Major/Academic Program: \_\_\_\_\_

**SECTION 2: TO BE COMPLETED BY ACADEMIC/FACULTY ADVISOR**

1. Expected date of program completion: \_\_\_\_\_  
(month/day/year)
2. Is this student making normal progress towards his/her current degree?  
 Yes     No
3. Do you recommend this student be given additional time to continue his /her studies?  
 Yes     No
4. This student has not yet completed to current program of study due to (please check all that apply):
  - Delay caused by a change in major or field of study
  - Delay caused by a change in research topic
  - Delay caused by unexpected research problems
  - Delay caused by unavailable courses this quarter
  - No unusual delay. Student needs additional time to complete program of study.
  - Other (Please specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am aware of the circumstances above and recommend program extension for the above-named student.

Academic/Faculty Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**OFFICE OF INTERNATIONAL STUDENTS & SCHOLARS AUTHORIZATION**

Approved by \_\_\_\_\_ Date \_\_\_\_\_