

Program Extension Request Form

Student Completes

Name: _____
LAST (CAPS)
First
Middle

Student's e-mail address: _____ **Tech ID:** _____ **SS#:** ____ - ____ - ____

Student's Local Address: _____
Street Address
City, State
Zip

Student's Local Phone Number: _____

Student's Current I-20 End Date: ____ / ____ / ____
mm/dd/yy

1. Student's Major: _____ Department: _____

Academic Advisor Completes

2. Total credit hours the student needs to complete his/her degree program: _____

3. Credit hours remaining to complete his/her degree program: _____

4. Academic reason for need of Program Extension: _____

5. Advisor recommended New End Date: ____ / ____ / ____
mm/dd/yy

6. List course names yet to be completed:

Name of Course	Course ID Number	Credit Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ / ____ / ____
Academic Advisor's Signature
Print Academic Advisor's Name
Date

On-Campus Address: _____ Phone Ext: _____

For use by IC Staff Only

IC Approval Signature: _____ Date: ____ / ____ / ____

Entered new I-20 Ending Date into MnSCU/ISRS on: ____ / ____ / ____