Program Extension Request Form

Name: _____ _____ _____

                        LAST (CAPS)   First   Middle

MSU E-mail address: _____ Tech ID: _____

Local Address: _____

                              Street Address   City, State & Zip

Local Phone Number: **_____**

Current I-20 End Date:_____/____/____
                               mm / dd / yy

Please have your Academic Advisor complete the following sections:

1. Student's Major: _____ Department:_____

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

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

4. Compelling academic reason for need of Program Extension:

   _____

   _____

5. Advisor recommended New End Date: _____/_____
                                   mm/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 KC Staff Only

KC Approval Signature: _____ Date: ___/___/___

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