

LA SIERRA UNIVERSITY

Office of International Student Services | La Sierra University | 4500 Riverwalk Pkwy, Riverside, CA 92515
951.785.2100 | 951.785.2919 fax | ois@lasierra.edu | www.lasierra.edu/international

PROGRAM EXTENSION FORM

Date _____ Student ID# _____ E-mail _____

Last Name _____ First Name _____

Local Address _____ Local Phone # _____

Permanent Address _____ Permanent Phone # _____

Academic Advisor or Department Head: This form is provided for your convenience and is designed to facilitate the communication of certain information required by regulations of the U.S. Department of Homeland Security (DHS). The foreign student whose name appears above wishes to apply for an extension of the time allocated for completion of his/her program of study. Please complete the form in full and return it to the OFFICE OF INTERNATIONAL STUDENT SERVICES, AD 206.

1. The student is engaged in the following academic program:
Major _____ Degree _____
Number of credits required for degree _____
2. New expected date to complete program of study (month/day/year): ____ / ____ / ____
Ph.D. Students: Date of candidacy exam _____
Ph.D. Students: Date of comprehensive exam _____
3. Is this student making normal progress towards his/her current degree? Yes No
*NOTE: By US law, we cannot grant a student an extension if they are not making academic progress!
Please exercise caution when answering this question.*
4. Do you recommend this student be given additional time to continue his/her studies?
 Yes No
5. This student has not yet completed the current program of study due to (please check the option that best applies):
 - Delay caused by a change in major field of study
 - Delay caused by a change in research topic
 - Delay caused by unexpected research problems
 - Delay caused by lost credits upon transfer to our school
 - No unusual delay. The original length of time given to complete studies was not reasonable for an average student in this program.
 - Other (please explain on the reverse side of this form).

Academic Advisor's Signature Title

Name (Print) Campus Address

Campus Extension Date

Student Financial Services:

_____ OK to renew I-20? Yes No _____
Balance (\$) Name, Signature, and Date

Processed on: _____ New I-20 printed on: _____