



Office of International Student Services

PROGRAM EXTENSION REQUEST

To Be Completed by Student:

Last Name: _____ First Name: _____

NCWU ID: _____ Major: _____

What is the current end date of your I-20? mm/dd/yy _____

To apply for an extension of your visa document in order to complete the degree program, you will need to demonstrate the reason for your needed extension.

____ I certify that I have maintained full time enrollment. I am attaching evidence below as proof from my academic advisor of my needed extension.

Student Signature: _____ Date: _____

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To Be Completed by the Academic Advisor:

Advisor's Name: _____

Email: _____ Phone: _____

Please indicate the student's NEW anticipated semester of completion:

____ Spring ____ Fall Year: _____

Has this student maintained continuous full-time enrollment and made satisfactory academic progress: ____ Yes ____ No **Current GPA:** _____

Please specify the circumstances and academic reasons for delay in completion of degree program.

____ A delay caused by a change of major.

____ A delay caused by unforeseen challenges. Please explain below.

Academic Advisor's Signature: _____ Date: _____

Send completed form to Dawn Turner at dturner@ncwc.edu