

Program Extension Request

F-1 Student

If you are a degree seeking student and need to extend your stay at CSUMB, beyond your program end date on your I-20, you will need to apply for an extension of program to maintain your valid student status in the U.S.

You are eligible to extend your studies with CSUMB as long as you:

- Have a compelling academic or medical reason
- Have continually maintained status
- Demonstrate good standing
- Obtain approval from CSUMB Academic Advisor
- Submit a new financial affidavit as evidence of financial support for period requested.

Submit completed program extension request no later than 4 weeks before current program end date on I-20.

Section A: Student Information

Last Name:	First Name:
Student ID Number:	Date of Birth:
Student's Signature:	Date:

Section B: Source of Funding and Sponsorship for Extension

The amount of U.S. \$ _____ will be available to me during the period of extension requested.

Attach copies of official bank statements, bank letters, department letters, and/or award letters that detail the specific amount available to you. Name of the account holder/awardee, must be in English, and must be dated from within the last 6 months.

All documents attached are newly completed and signed financial affidavit form.

Section C: To be complete by Academic Advisor

Education Level of Student: Bachelor's Master's Certificate Credential

Major/Program: _____

Term in which ALL degree requirements are anticipated to be completed:

Fall 20__ Winter 20__ Spring 20__ Summer 20__

Please explain why the student was not able to complete the program as originally expected (such as change of major, minor, concentration, unavailability of required courses, Course sequencing issues, or a documented illness). Students cannot be extended due to failing courses, "Needs more time" is insufficient.

I verify that this student is making progress toward the completion of his/her degree, and the delay in graduation is for reasons outside of the student's control. I recommend this student's stay be extended as indicated above.

Academic Advisor's Signature: _____

Advisor Name:	Advisor Email:
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