F-1 Program ExtensioRequest
*Please Note:Must be processedt least aweek prior by DSO before your20 end date.

Name	^ š µ	vš[• d7210_	/ W		
SEVIS ID#N					
I need more ime to complete my studies thawas est	imated on my ir	nitiał20.			
The reason for my delay is:					
IMPORTANT ACADEMIC REASON:					
Change of Major					
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hvÆ ‰š Z• Œ ZWŒ}ou	• ~ u]	À]•ŒI	v [•	Œ š](] š]}v]• Œ
Other:					
ILLNESS OR MEDICAL REASON:					
Date(s) of illness or medical condition:					
Documentation is on file in the Global Initiative	Office				
Documentation is attached					
I verify that the above statements are true to t be st	of my knowledg	e.			
Student Signature:	Date:				



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I certify that the delay in completing progra above.	am of study	has been cause	ed by the imp	oortant academic reasont ed lica
The student is expected to complete the pro	gram of stu	udy by (d\dtenth/\	/ear)	
Advisor Name (print):				
Advisor Title:		_		
Advisor Signature	D)ate:		