

REQUEST FOR  
**PROGRAM**  
EXTENSION  
REQUIRING DEPARTMENT  
APPROVAL

A request for a program extension must be authorized by the academic advisor and INTERNATIONAL OFFICE before a student's program and I-20 can be extended. Immigration regulations allow program extensions for students maintaining status and making normal progress toward completing educational objectives. The student is responsible for obtaining a program extension prior to I-20 expiring. If a program extension is not authorized prior to I-20 expiring, then the student will be out of status and must file for reinstatement.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fresno State ID: \_\_\_\_\_ Phone: \_\_\_\_\_

Degree Objective: Undergraduate Graduate SEVIS Number : \_\_\_\_\_

Current Visa status: F-1 J-1

**To be completed by program advisor:**

① Student's academic program (major): \_\_\_\_\_

② Requested extension of: 1 semester 1 year

③ Expected program completion/graduation date: \_\_\_\_\_

④ Reason(s) for delay in program completion (please note the number):

1. Change of major
2. Unavailability of courses
3. Change in research topic
4. Unexpected research problems
5. The original allotted time for study (on I-20 or DS-2019 document) is not sufficient
6. Medical reasons (medical documentation from a medical practitioner must be attached)
7. Other reason(s), please specify below:

I hereby recommend additional time for student to complete his/her program.

Advisor Name: \_\_\_\_\_ Advisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

**For INTERNATIONAL OFFICE Use Only:**

Petition Approved: \_\_\_\_\_ Petition Denied: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_



For questions or concerns regarding program extension procedures, please contact California State University, Fresno, International Office [international@mail.fresnostate.edu](mailto:international@mail.fresnostate.edu)