

VALENCIA

Program Extension Form

Program Extensions MUST be completed and paid for within 21 days of your current program end date. Failure to do so will cause you to be out of status. Program Extensions require a full payment of the program registration. A minimum of four weeks registration are required for Program Extensions, unless you are completing the program.

NOTE: Delay in completing your program caused by academic probation is NOT a valid reason for approval of an extension of program.

If you want to extend your program, you must:

1. Complete a Program Extension Form.
2. Provide an updated original bank statement if the one on file is 5 months or older.
3. Provide proof of health insurance coverage for the new program duration.

Student Information:

First (Given) Name: _____ Last (Family) Name: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Telephone#: _____ Email: _____

Current Session End Date: ____/____/____ Session Return Date: ____/____/____

New Session Start Date: ____/____/____ New Session End Date: ____/____/____

Current I-20 End Date: ____/____/____ SEVIS ID# _____

Current Language Level: _____ Completed Language Level? Yes No

Date of Birth (MM/DD/YYYY) _____ Telephone: _____

Please read and sign: I authorize the DSO to extend my program dates in my SEVIS record to the above indicated start and end dates. I am aware that if I change my mind, I must notify the DSO **BEFORE** my Program End Date. Failure to do so will mean I will be required to continue attendance. I confirm that the information written above is correct.

_____ New Bank Statement Submitted (if more than 5 months old)

_____ Proof of Health Insurance Submitted (must cover student until new session end date)

_____ Copy of Program Paid Receipt

Reason for delay in student's program (check all that apply):

- Inadequate time on original immigration document to complete program requirements
- Medical condition

Student is expected to complete his/her educational objective by: _____, 20____

Adviser name: _____ Phone: _____

Student's Signature: _____ Date: _____