



## PROGRAM EXTENSION REQUEST

### To Be Completed by Student:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

NCWC 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](mailto:dturner@ncwc.edu)