I-20 Extension Request Form

International Student Office
2600 Mission Bell Dr, San Pablo, CA 94806
Phone: 510.215.3954
Email: international@contracosta.edu

STUDENT INFORMATION

_____

Last Name First Name Student ID #

SEVIS ID: _____ Current Program End date: _____

Reason for I-20 Extension.

- □ Change of Major
- □ Requires more time to complete program
- □ Change in curriculum
- □ Completing UC/CSU GE transfer requirements

Will you complete the program within one academic year (2 semesters)?

☐ Yes ☐No If not, when is the expected date of completion? _____

Required documentation (the form is considered incomplete without this documentation):

1. Attach a paragraph that states the reason you would like an extension.

2. Attach an updated Education Plan from counselor. It is required to meet with a counselor to ensure your classes are planned for the remaining semesters of your program.

3. Attach proof of funding for the semester. The current amount for the full academic year is: $30,495. If requesting one semester, the amount is: $15, 247.50.

_____ _____

Student Signature Date

OFFICE USE ONLY:

Recommendations:

_____

_____ _____

DSO Signature Date

Final Decision:

☐ Approved ☐ Denied

_____ _____

Director Signature Date