



International Affairs

UNIVERSITY OF COLORADO
COLORADO SPRINGS

PROGRAM EXTENSION REQUEST

Please complete the following and submit it **with all other required documentation** to the International Affairs (IA) Office by email to international@uccs.edu. You will receive an email at your UCCS email address when your new I-20 is available. Submit at least 30 days before the ending date of your document. Please allow 3 business days.

_____	_____	_____	_____
Last Name(s)	Given Name(s)	UCCS ID	Phone Number
_____	_____	_____	_____
UCCS Email Address	College	Major	Degree Level

Current I-20 expiration (program end) date: _____

Please note:

- Extensions are maximum one year beyond the expiration date, or as recommended by your academic advisor, whichever is less.
- Extensions cannot be requested after your I-20 expires as you will be out of status and require an application for reinstatement.

Have you ever been on UCCS academic probation or academic suspension? Yes No

To request an extension, please provide ALL the following items with this completed form:

- **I-20 Extension Request Form**
- **Academic Advisor's Recommendation for Extension**, completed and signed by your academic advisor (undergraduate students) or graduate program advisor (graduate students)
- **Proof of Financial Support** (Undergraduate students \$41,100/year, Graduate students \$32,300/year. For each dependent (spouse and/or child) – additional \$8000/year/dependent.

Please check and provide the funding information which applies to you and provide proof of financial support (for example, current bank account statement, letter showing available funds, other financial documentation showing available liquid funds, etc.) The document(s) must be in English and dated within the last 6 months.

_____ Personal and/or Family: Verification of funds, such as a bank statement, with name of sponsor, date, amount, and currency.

_____ Government Sponsor: A copy of the signed letter certifying sponsorship is required. The letter must be complete, specific to your correct degree program at UCCS and cover the duration of your extension request.

_____ UCCS Assistantship/Fellowship/Scholarship: A copy of the UCCS department or award letter.

_____ Other: _____ Provide signed certification.

Student Signature: _____ Date: _____

Academic Advisor's Recommendation for Extension

Request for extension of a program of study

_____	_____	_____
Date	Student ID	Student Email
_____	_____	_____
Last Name(s)	Given Name(s)	Phone Number

For ACADEMIC ADVISOR to complete:

Academic Advisor – This form is to facilitate communication of certain information required by U.S. government regulations for international student program extension requests. The international student whose name appears above wishes to apply for an extension of time allocated for completion of their studies. Please complete and sign the form and return to the International Affairs Office via email at international@uccs.edu.

Thank you for your assistance with this student request.

1. Student's Major: _____ Degree Level: _____
Total number of credits required for degree: _____
Remaining number of credits not yet completed: _____
2. Student is expected to complete the program of study in: Semester: _____
Year: _____
(Note that extensions are maximum one year for each requested extension)
3. Is this student making normal progress towards their current degree? ____ Yes ____ No
4. Do you recommend this student be given additional time to continue their studies: ____ Yes ____ No

This student has not yet completed the current program due to (please check all that apply):

- ____ Delay caused by a change in major field of study
- ____ Delay caused by a change in research topic
- ____ Delay caused by unexpected research problems
- ____ Delay caused by lost credits upon transfer to our school
- ____ Original length of time given to complete studies was not sufficient for an average student in this program
- ____ Other, please explain: _____

Academic Advisor or Department Head/Dean's Signature _____ Date

Academic Advisor or Department Head/Dean's Printed Name _____ Title

UCCS Email Address _____ Telephone Number

Signature of Graduate Program Coordinator _____ Date
(Graduate Students Only)