



## I-20 Program Extension Request Form

<b>Student ID</b>		<b>Name</b>	
<b>Address</b>			
<b>Phone Number</b>		<b>Email</b>	
<b>Current Program</b>	BATh / BACC	MAICS/ MACE /MACC/ MDiv	DMiss / PhD ICS
<b>Current Semester</b>	Spring 20____ Fall 20____	<b>Expected Graduation Date</b>	/ / 20____

**Reason for Extension**

**\*\*\*I hereby certify the above statement is true and correct.**

**Student Signature**

**Date**

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**APPROVAL**

\_\_\_ Approved    **Student Dean's Name and Signature Date**    x \_\_\_\_\_

\_\_\_ Not Approved

<b>Office Use Only</b>			
<b>Finance Officer Signature</b>	<b>Processing Fee: \$50</b>	Date	<b>Received</b>
<b>DSO Signature</b>		Date	
<b>Registrar Office Signature</b>		Date	
<b>Remarks</b>			