Program Extension

PROGRAM EXTENSION APPLICATION

Section A: To be completed by the student

Name: _____
      Family   First

UWGB ID#: _____   Gender: Male or   Female

E-mail: _____   Daytime Phone: _____

Visa Type: _____   (as indicated on current I-94 card)   Passport Expiration Date*: _____
* If your passport is within 6 months of expiry, renew it as soon as possible.

I-20 Expiration Date: _____   New Graduation Date: _____

Major(s): _____   Degree Level: _____

I, _____, request a program extension due to

_____

(Please use the back if you need more space)

Student Signature: _____   Date: _____

Section B: To be completed by student's Academic Advisor

☐   I certify that the above request is accurate in conformance with applicable Departmental, and University policies. I further certify that the student is unable to complete their program due to
_____
_____
The student should complete his/her program as indicated in the above request. Therefore, I recommend that this student be permitted to extend their program until _____
                                                                                                Date

Please print:

Name: _____Signature: _____ Date: _____

Department: _____ E-mail: _____

Campus Phone:_____

Student Signature: _____   Date: _____

For Office Use Only: Date of Receipt_____   OIE Staff Initials _____

UW-Green Bay   Office of International Education   www.uwgb.edu/international
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