



PROGRAM EXTENSION

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Today's Date: _____

Family/Last Name: _____ First Name: _____

FVSU ID Number: _____ SEVIS Number: **NOO**

First Semester at FVSU: _____ Date of Birth: _____

Telephone Number: _____ Degree Objective: ___ Bach ___ Master

Field of Study: _____ Current Status: F-1 J-1 Other: _____

Expected Graduation: _____ Email Address: _____

Local U.S. Address: _____

Required Documents:

Please provide a funding letter and/or a bank statement for the following:

- Tuition plus \$1000 per month for personal expenses
- Additional \$7,200 for spouse, \$3,600 for each child

THIS PORTION TO BE FILLED OUT BY YOUR ACADEMIC ADVISOR

The **above** named student needs additional time until expected graduation date of _____ to complete the requirements for his or her degree for the following reason(s) (check where applicable):

- Medical reasons (Student Health Center or Medical Doctor (M.D.) documentation required)
- Change of major
- Change in research topic
- Unexpected research problems
- Other _____

Academic Advisor Name _____ Campus Phone _____

Academic Advisor Signature _____ Date _____

