



Program Extension Request Form

Submit your Program Extension Request no less than **six weeks before** your Form I-20 expiration date.

All 4 steps must be completed for a complete program extension form.

STEP 1: TO BE COMPLETED BY STUDENT AND INTERNATIONAL EDUCATION PROGRAM STAFF

Please print a copy of your transcript (with most recent semester) and please stop by during drop-in hours or make an appointment with the Retention Specialist to fill out Step 1

Student Name: _____ G number: _____
Last/Family Name First/Given Name

Current major on your I-20: _____ Current I-20 program end date: ___/___/___

Were you previously approved for Reduced Course Load? YES / NO Medical Leave _____ Final Semester _____

Have you applied for or been awarded a CSM degree? YES / NO Have you already applied for OPT? YES / NO

Did you previously receive a program extension from CSM? YES / NO 1 semester _____ 1 year _____

What is your current academic status?

- Good Standing
- Probation I - If your current cumulative institutional GPA 1.80 or above, you will need a midterm progress report(s). The midterm progress report(s) will be used to give you a tentative extension, but your final grade for the semester must be above a 2.0 to get a full extension. If your cumulative GPA is below 1.8 you will NOT be considered for extension
- Probation II - visa regulations do NOT allow extension of your I-20
- Dismissal - visa regulations do NOT allow extension of your I-20

I am requesting a program extension request form for:

- Improper/low placement in English and/or Math
- Change of major
- Changes in academic plan. (ie. Planning to transfer and get associates degree, or applying to UC/CSU system)
- Illness or medical conditions that made me have a reduced course load and insufficient time to complete

I understand that I am eligible for a program extension because I am making satisfactory progress towards my degree completion. Program extensions are limited to a maximum of one year.

Student Signature: _____ Date: ___/___/___

For Office Use Only: Part I reviewed by (If it is not reviewed by CGE staff counselor should send student back to CGE)
 Reviewed by: _____ Review Date: ___/___/___

For Office Use Only: Completed packet
 Reviewed by: _____ Review Date: ___/___/___
 Completed by: _____ SEVIS Submit Date: ___/___/___

Financial Data Addendum for Program Extension

Student's Name: _____

Student ID: G _____

Identify the source from which you will receive the required minimum per year to attend College of San Mateo. If you are receiving funds from more than one source, please mark each appropriate line and write in how much, in U.S. dollars, you will receive from each source.

Sponsor Type (check all applies):

- | | | | |
|--|--------------|--------------------------------------|--------------|
| <input type="checkbox"/> Student's own funds | \$ _____ USD | <input type="checkbox"/> Company | \$ _____ USD |
| <input type="checkbox"/> Parents | \$ _____ USD | <input type="checkbox"/> Scholarship | \$ _____ USD |
| <input type="checkbox"/> Other Individual | \$ _____ USD | <input type="checkbox"/> Other Org | \$ _____ USD |

Total amount * \$ _____ USD

*Total must be at least the minimum required for current international student admission to College of San Mateo

**Part I - If you are sponsored by parents / other individual,
please have your sponsor complete the following information:**

Sponsor's Name: _____
Last (Family) , First (Given) Middle

Sponsor's relationship to student: _____

Telephone: _____ Email: _____

I hereby certify that the above information is true and accurate, and that I am willing and able to provide financial support for the minimum cost per year to support the above-named student while studying at College of San Mateo.

Sponsor's Signature: _____

Date: ____/____/____

**Part II - If you are sponsored by a company / government scholarship,
please complete the following information:**

Sponsor Organization Name: _____

Sponsor Organization contact: _____

Telephone: _____ Email: _____

Please submit a copy of the verification of funds with this form.

I hereby certify that information above accurately reflects that I and/or my sponsor have the total money available to pay the expected cost of study for one academic year at College of San Mateo.

Student Signature: _____

Date: ____/____/____