Campbellsville University

Program Extension Request Form

Office of International Student Services
Heritage Hall, 2300 Greene Way
Louisville, Kentucky 40220
immigrationoffice@campbellsville.edu

This form is for use by students who will not complete their Program of Study by the Program End Date indicated on their I-20. To be eligible, students must have maintained continuous enrollment and be making normal progress toward completion of a Program of Study. **Requests must be made prior to the Program End Date on the I-20; if the Program End Date on the I-20 has already passed, the student must instead apply for Reinstatement of Status.**

Extensions can be made only for compelling academic or medical reasons. Unacceptable reasons include delays caused by academic probation or suspension, employment issues, extra time to make-up incomplete coursework, etc.

Students cannot request Program Extensions in order to continue with CPT, to bridge a gap until a Change of Status is adjudicated or until it goes into effect, or to add extra courses for personal reasons or to improve GPA.

To be approved for a Program Extension, students must provide **updated financial documentation** demonstrating the ability to cover tuition and fees for the additional semester(s) and for living expenses, including those of any dependents.

REQUEST: TO BE COMPLETED BY STUDENT

First Name _____ Last Name _____

Student ID _____ SEVIS ID _____

Email _____ @students.campbellsville.edu Program _____

Do you have F-2 dependents in the US? ☐ No ☐ Yes — Number of Dependents ☐

By signing, I certify that I have **maintained continuous full-time enrollment**, have provided the University my **updated contact information**, and am attaching the **required financial documentation** for the Program Extension.

_____ _____

Student Signature Today's Date

RECOMMENDATION: TO BE COMPLETED BY AN ACADEMIC ADVISOR

Advisor First Name _____ Advisor Last Name _____

Email _____ @campbellsville.edu Advisor Phone/Ext _____

Has the student maintained continuous full-time enrollment? ☐ No ☐ Yes ☐ Current GPA

Specify the reason(s) for the delay in completion of the Program of Study:

☐ Change of Major/Program

☐ Enrollment Error/Add Required Course

☐ Need to Repeat a Course

NEW Program End Date _____

☐ Other (explain: if Medical Reason, attach official documentation from license doctor)

_____ _____

Academic Advisor Signature Today's Date