

**Program Extension**

Family/Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

USC ID Number: \_\_\_\_\_ SEVIS Number: \_\_\_\_\_

First Semester at USC: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Degree Objective:  Bach  Master  PhD  Other: \_\_\_\_\_

Field of Study: \_\_\_\_\_ Current Status:  F-1  J-1  Other: \_\_\_\_\_

Expected Graduation: \_\_\_\_\_ Email Address: \_\_\_\_\_

Local U.S. Address: \_\_\_\_\_

**Submit the following documents to OIS for review:**

1. OIS Program Extension Request form—signed by academic advisor
2. 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

*NOTE: Submission of Program Extension Request to OIS does not automatically grant approval. If additional information is needed, OIS advisor will contact student and/or advisor for clarification.*

**THIS PORTION TO BE COMPLETED BY THE ACADEMIC ADVISOR**

Has the above named student requested a program extension before?  Yes  No

Number of units remaining in degree program: \_\_\_\_\_

This student needs additional time until \_\_\_\_\_ to complete the requirements for his or her degree for the following reason: *(expected graduating semester)*

- Medical reasons (required—Letter signed by MD, DO, or licensed clinical psychologist)
- Change of major
- Change in research topic
- Unexpected research problems
- Student needs more time due to the following compelling academic reason(s):  
\_\_\_\_\_

If none of these reasons apply, please contact an advisor at the Office of International Services at 213-740-2666.

\_\_\_\_\_  
Academic Advisor Signature Academic Advisor Name (please print) School/Department Ext. Date

Office use: \_\_\_\_\_ units for \_\_\_\_\_. Restrictions: \_\_\_\_\_. RCL: \_\_\_\_\_.