

Program Extension

Today's Date: _____

Family/Last Name: _____ First Name: _____

USC ID Number: _____ SEVIS Number: **N00**

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: _____

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 _____ to complete the requirements for his or her degree for the following reason: *(expected graduation date)*

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

Office use: _____ units for _____. Restrictions: _____. RCL: _____.