

Program Extension Request Form

This form is to be used by continuing CCS students to request an I-20 extension to complete degree requirements. You must schedule an appointment with the International Student Advisor to submit this request.

_____ N _____
CCS Student ID # SEVIS ID #

Family name: _____

Given name: _____

Email: _____ Telephone: _____

Major: _____ Date of Birth: _____

Number of F-2 Dependents _____

Are you or have you been on academic probation?

Important. Please read.

- This request must be received by the ISSO 30-60 days prior to the expiration date on your current I-20. If you fail to meet the deadline, there is no guarantee that your request will be processed before your current I-20 expires. This will have a negative impact on your immigration status.
- To be eligible for a program extension, you must be maintaining status, making normal progress toward completion of your degree, and have academic requirements remaining.
- Extensions may only be granted in situations where students can demonstrate compelling academic or medical circumstances.
- Delays caused by academic probation or suspension are not acceptable reasons for program extensions [8 CFR 214.2(f)(7)(iii)].
- Extension requests will not be granted due to delays caused solely by employment, such as Curricular Practical Training (CPT).

Checklist of required documents.

- **Copy of your passport page(s) showing your picture, biographical information, and its expiration date**
- **Copy of your most recent I-94 card**
- **Copy of your current I-20**
- **An unofficial transcript**
- **Letter from Department Chair stating that you are in good standing and explaining the reason for the extension**
- **Financial documents which show proof of funding and any supporting documentation that is necessary. A signed affidavit of financial support is required if family (or another individual) is contributing to your education.**

Read the statement below, sign and date.

I certify that I have read the request form instructions and information in full. To the best of my knowledge, the information I have provided is accurate. I understand that I will be billed for CCS health insurance (Student Assurance.) I also understand that I must report address changes within 10 days of any change in current (US) or permanent (out-of-US) address.

Signature _____ **Date** _____

International Student Services
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