I-20 Extension Request Form

International Student Office
2600 Mission Bell Dr, San Pablo, CA 94806
Phone: 510.215.3954
Email: international@contracosta.edu

STUDENT INFORMATION

_____

Last Name First Name Student ID #

SEVIS ID: _____
Current Program End date: _____

A. Required documentations:
   1. Reason for I-20 Extension. Select one or more of the following reasons. Also submit a paragraph that states the reason you would like an extension.
      - □ Change of Major
      - □ Requires more time to complete program
      - □ Change in curriculum
      - □ Completing UC/CSU GE transfer requirements

   2. Education plan from counselor. It is required to meet with a counselor to ensure your classes are plan for the remaining semesters of your program.
      - □ Attach educational plan (ed plan) made with the counselor.

B. Will you complete the program within one academic year (2 semesters)?
   ☐ Yes ☐No If not, when is the expected date of completion? _____

_____ _____
Student Signature Date

OFFICE USE ONLY:

Recommendations:

_____

_____

_____ _____
DSO Signature Date

Final Decision:
☐ Approved ☐ Denied

_____ _____
Director Signature Date