

## Request to Change I-20 Program Dates

### Student Information

Last Name	First Name	G#
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### I-20 Information

SEVIS Number:
Current Program End Date:
Expected New Program End Date:

### Reason for Change (check all that apply):

- ☐ Medical Reason (Please submit Doctor's Note to ISSS)
- ☐ Improper course placement
- ☐ Change of Major (Also complete "Change of Major" Form)
- ☐ Addition or Change of 2<sup>nd</sup> Major or Minor (Also complete "Change of Major" Form)
- ☐ Other (please explain)


Student Signature

Date

DAPA / Academic Adviser Signature

Date

*Please verify expected graduation date before signing*