

# Program Extension Approval Form

The following student is requesting an extension of his/her student visa documentation. Student must also provide proof of financial support for the duration of the extension. Extension cannot be granted until financial documentation is received and accepted.

Name: \_\_\_\_\_ WID: \_\_\_\_\_  
Family First

This form must be completed by a staff member at K-State who has responsibility for monitoring the student's program and progress, such as an Academic Advisor, Faculty Advisor, Exchange Coordinator, or ELP representative.

## Undergraduate Students:

Number of credits remaining: \_\_\_\_\_ Expected term of completion: \_\_\_\_\_

This student is making satisfactory academic progress: \_\_\_\_ Yes \_\_\_\_ No

This student has compelling academic reasons that warrant an extension: \_\_\_\_ Yes \_\_\_\_ No

Please Explain \_\_\_\_\_

Academic/Faculty Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Name, Title, and Department \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Graduate and Professional Students:** New expected completion date: \_\_\_\_\_

This student is making satisfactory academic progress: \_\_\_\_ Yes \_\_\_\_ No  
(provide documentation to Dean of Graduate School)

This student has compelling academic reasons that warrant an extension: \_\_\_\_ Yes \_\_\_\_ No

Please Explain \_\_\_\_\_

Academic/Faculty Advisor Signature \_\_\_\_\_ Name, Title & Department \_\_\_\_\_

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_ Date \_\_\_\_\_

Signature of Dean or Designate of Graduate School \_\_\_\_\_ Date \_\_\_\_\_

**Exchange Students:** New expected completion date: \_\_\_\_\_

Please check one of the following:

- This student will continue to have tuition remitted as part of the exchange program. (If additional support is provided, please attach letter detailing funding.)
- This student may continue to enroll, however, he/she is responsible for all tuition/living expenses during the period of extension

Study Abroad Advisor Name (Printed and Signed) \_\_\_\_\_ Email address \_\_\_\_\_ Date \_\_\_\_\_

**English Language Program Students:** New expected completion date: \_\_\_\_\_

This student is making satisfactory academic progress: \_\_\_\_ Yes \_\_\_\_ No

This student has compelling academic reasons that warrant an extension: \_\_\_\_ Yes \_\_\_\_ No

Please Explain \_\_\_\_\_

Name (Printed and Signature), and Title \_\_\_\_\_ E-mail Address \_\_\_\_\_ Date \_\_\_\_\_

## International Student & Scholar Services

104 International Student Center, Kansas State University

Phone: 785.532.6448 Fax: 785.532.6607 Email: [iss@ksu.edu](mailto:iss@ksu.edu) [www.ksu.edu/iss](http://www.ksu.edu/iss)