

# 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..

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

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Are you currently employed on campus? ☐ Yes ☐ No If yes, which department \_\_\_\_\_

The following sections 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, Major Professor, Dept. Graduate Director, 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

*Graduate students must have necessary documentation of student progress, including the program of study, on file with the Graduate School in order for this form to be signed by Graduate School designate.*

This student has compelling academic reasons that warrant an extension: \_\_\_\_Yes \_\_\_\_No

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

Academic Advisor/Major Professor/Dept. Graduate Director 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 as a non-degree student, however, he/she is responsible for all tuition/living expenses at the non-resident rate during the extended period.  
If the student is wanting to change to a degree seeking student, must visit International Admissions & Recruiting.

Education 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