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. Once the appropriate section is completed with signatures, submit via email to isss@ksu.edu.

Family Name:	First Name:	WID:
Phone Number:		Email address:
Are you currently employed on campus?	Yes □ No If yes, which d	epartment
The following sections <u>must</u> 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: This student is making satisfactory academic p This student has compelling academic reasons Please Explain	progress:YesNo that warrant an extension:	_YesNo
Academic/Faculty Advisor Signature		Date
Name, Title, and Department		E-mail Address
This student is making satisfactory academic progress:YesNo This student has compelling academic reasons that warrant an extension:YesNo		
Please Explain		
Dept. Graduate Program Director Signature	Name,	Title & Department
Phone Upon receipt of this form, ISSS will confirm with Gaprogram of study, is on file with the Graduate School		
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: Ne	w expected completion date:	
This student is making satisfactory academic parties at the student has compelling academic reasons		_YesNo
Please Explain		
Name (Printed and Signature), and Title	E-mail Address	Date



E-mail: isss@ksu.edu

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