

Application for Program Extension for F-1 students

University of Southern California
Office of International Services

() Mr. () Ms. _____
Family (last) name Given (first) name Other

First semester at USC _____ Today's Date: _____
Semester Year Month Day Year

Student ID#: _____ Telephone Number: _____

Local Address _____
Number and Street Apt. # City Zip Code

Home Country Address _____

E-mail Address: _____ Date of Birth: _____
Month Day Year

Major/Field of Study: _____ Degree Objective: _____

SEVIS Number: _____
Indicated above the barcode at the upper
right-hand corner of your I-20

Other documents required:

- Proof of Funding: Tuition plus \$1000 per month for personal expenses either through a funding letter or bank statement.

THIS PORTION TO BE FILLED OUT BY AN ACADEMIC ADVISOR

The above named student needs additional time until _____ to complete
(Expected graduation date)

The requirements for his/her degree because of:

- Medical reasons (documentation from the Student Health Center or Private Doctor required)
- Change of major
- Change in research topic
- Unexpected research problems
- Other _____

Academic advisor signature School/Department Phone number

Academic advisor name (please print) Date

For office use only:

_____ units for _____. Restrictions: _____. RCL Submitted: _____.

FORM OIS.22

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