I-20 Extension Request Form

Date: ______________________

Student Name: ______________________

Current OCC Program of Study: ______________________

Previous OCC Program of Study (If Changed): ______________________

Due to the following reason(s), the student is unable to complete his/her academic objective by the specified time reflected on the I-20:

☐ Change of major ☐ Change in academic objective
☐ Change in planned transfer school

The student needs to complete the following course(s) in order to complete his/her Program of Study at OCC:

Course name(s) and Number of units:

__________________________________________
__________________________________________
__________________________________________

The student needs to complete the following course(s) in order to complete his/her Transfer requirements:

Course name(s) and Number of units

__________________________________________
__________________________________________
__________________________________________

I recommend that the student’s I-20 be extended until the end of ______________________ Semester/Year.

Counselor’s Name: ______________________ Signature: ______________________