

ADELPHI UNIVERSITY
Office of International Student Services
South Avenue
University Center 110
Garden City, New York 11530
Phone: 516.877.4990 Fax: 516.877.3148

APPLICATION FOR PROGRAM EXTENSION

Name (Printed): _____
Last, Family First, Given Middle

City of Birth: _____ Country of Birth: _____

Country of Citizenship: _____ Telephone Number: _____

Date of Birth: Month _____ Day _____ Year _____

Admission Number: _____

Visa Type: F-1 _____ J-1 _____

SEVIS ID Number: _____

Completion of Program on Form I-20 (Item Number 5): _____

Date of Initial U.S. Entry: _____

Undergraduate: _____ Graduate: _____

Program of Study: _____

Advisor's Name: _____

Explanation of why you will need a program extension: _____

Expected Graduation Date: _____

Student Signature _____ Date _____

Academic Advisor
Signature _____ Date _____

International Advisors
Signature _____ Date _____