



**Program Extension Request Form for Fall 2018 - Summer 2019**

**SECTION I -- TO BE COMPLETED BY THE STUDENT**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Student ID #: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 I-20/SEVIS #: \_\_\_\_\_ Program listed on the I-20: \_\_\_\_\_  
 (Top, left corner on the I-20 starting with N00.) Program end date on the I-20: \_\_\_\_\_

Have you requested a program extension before at MCC? (circle)      Yes                  No

**Eligibility:** Program extension applicants are required to:

1. Be in lawful F-1 status.
2. Making normal academic progress.
3. Possess an unexpired passport.
4. Be in good academic standing as listed in MCC's Catalog under Standards of Academic Progress (SAP).

| Minimum requirements for good academic standing              |                        |
|--------------------------------------------------------------|------------------------|
| Attempted graded courses 1000-level and above (credit hours) | Minimum cumulative GPA |
| 1.0-29.5                                                     | 1.5                    |
| 30.0-79.5                                                    | 1.75                   |
| 80.0+                                                        | 2.0                    |

Note: If students pass ESL or developmental classes, the students are in good academic standing. They earn credit hours, but they will not have a GPA.

5. Note that the CFR 214.2(f)(7)(iii) states that "Delays caused by academic probation or suspension are not acceptable reasons for program extensions."
6. Be enrolled full-time or have prior authorization by International Student Services (ISS).
7. Provide a Financial Affidavit and an official bank statement or letter dated within 6 months that is in English and shows funding for the extension in U.S. dollars.

**Process:**

1. **Make an appointment** (not walk in) for a Counselor, Academic Advisor, Enrollment Navigator, or the Coor of Int'l Student Services to complete Section II of this form.
2. Submit this form, your educational plan, Financial Affidavit, bank letter/statement, and any supporting documents to ISS.
3. ISS will review your request. If it is approved, ISS will provide you with a new I-20.

I understand the eligibility requirements and process am requesting to extend my MCC I-20 and that an extension may be granted only for a maximum of one year. If I need more than one year, I will need to apply for another extension.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**SECTION II – TO BE COMPLETED BY A COUNSELOR, ACADEMIC ADVISOR,  
 ENROLLMENT NAVIGATOR, OR THE COORDINATOR OF ISS**

**Purpose:**

F-1 students have expiration dates on their I-20/SEVIS records to complete their programs at MCC. If they will not complete the program by the expiration date, they may request an extension before the date.

**Process:**

1. Complete the info below. ISS will determine if an extension is approved or not.

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ MCC E-mail: \_\_\_\_\_

Student's Program: \_\_\_\_\_ Anticipated Completion Date (MM/DD/YYYY): \_\_\_\_\_

- A. What is the academic reason for delay of program completion? Check all that apply.
- Change in program (not from ESL to a certificate of achievement or associate's degree)  
 Previous program: \_\_\_\_\_  
 Current program: \_\_\_\_\_  
 Date of change: \_\_\_\_\_
  - Studies interrupted by medical conditions. The student must have medical documentation on file with ISS.
  - Student needed prereq. or dev'l classes (not ESL) before taking college level courses. Please list courses:  
 \_\_\_\_\_  
 \_\_\_\_\_
  - Other compelling academic reason. Very limited reasons will be approved. \_\_\_\_\_  
 \_\_\_\_\_

B. Did the student take classes outside the program and count the credits towards full time enrollment? \_\_\_\_\_

C. Was the student ever on academic probation or suspension per CRI? \_\_\_\_\_

D. Please note that the CFR 214.2(f)(7)(iii) states that **"Delays caused by academic probation or suspension are not acceptable reasons for program extensions."** Is the delay for completing the program due to a probation or suspension presently or in the past? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. Please verify that the program listed on page one is the same or very similar to the program listed in RGPE. Do not the change RGPE. Instead, inform the student that s/he needs to change the I-20 first to the current major in SEVIS by completing the Change of Educational Level/Major form located on the ISS website.
3. Create an educational plan either with the chart provided or through Student Planning with the F-1 student while noting the info below:
  - a. Include all prerequisites.
  - b. If a student has a general requirement and hasn't decided on the specific course, write in the category, such as "Humanities class". Student Planning won't currently allow this.
  - c. Not all classes are offered every quarter. Please use "Enrollment Summary" in My Way or XCSS in Colleague to forecast classes.
  - d. The student may request a vacation quarter through ISS after three consecutive quarters. ISS may consider the time a student was enrolled at another institution if there was no significant break before the transfer. Write "Vacation Pending ISS Approval" for a particular quarter.
  - e. A student may only count one online course towards full time enrollment each quarter. Hybrid courses are considered as on campus courses, not as online courses.
  - f. If the student plans to be enrolled part time in the final quarter, the student needs to submit a completed Reduced Course Load form to ISS. The student cannot take only online classes in the last quarter. S/He has to have an on campus class, hybrid class, or on campus independent study.



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**SECTION III – TO BE COMPLETED BY ISS**

See advisor’s answers above and check the box indicating that you reviewed these requirements:

- Look at page one to see if the student has requested an extension before at MCC. If so, locate the past program extension form to see if there are comments regarding the student needing another extension. If the past program extension had an end date with no notes about needing another extension, ask the student why s/he didn’t finish according to the educational plan that the advisor made with the student last time.
- If “Other” is marked as a reason for the extension in Section II, determine if the reason is a valid compelling reason. Consult with the PDSO.
- If the student took classes outside the program and count the credits towards FT, then the student most likely will not be eligible.
- If “Vacation Pending ISS Approval” is noted in the educational plan, then look up XAPX to see if the student would most likely be approved. If not, then the student needs to meet with a Counselor, Academic Advisor, Enrollment Navigator, or the Coor of ISS to revise the plan.
- If the student is or has been on probation or suspension and the poor grades are the reason for the extension request, then the student is not eligible.

If the student requested the extension before the program end date and is approved, please follow these steps:

- Check to see if the SEVIS record is active, not terminated, cancelled or completed.
- If the extension is based on medical conditions, see if there were approved RCLs in the SEVIS record.
- Update SACP w/ correct dates for the extension
- Update NIIS form purpose, start/end dates, and financial info, if necessary
- STRK Notes
- Remove any related holds in PERC
- Update Financial Info in SEVIS and update the number of months, if applicable.
- Click on “Extend Program” & include reason
- The I-20’s new expiration date is: \_\_\_\_\_  
 (The extension can be up to one calendar year. If the student needs more time, then s/he will need to submit another extension and financial documentation.)
- Student signs I-20
- Copy I-20 for the file
- Scan and file documents

In accordance with 8 CFR 214.2(f)(7)(iii)-(iv), the request for an extension was:

- Approved     Denied    Reason: \_\_\_\_\_

P/D SO Initials & Date: \_\_\_\_\_ Comments: \_\_\_\_\_

# METROPOLITAN COMMUNITY COLLEGE \* STUDENT DEVELOPMENT EDUCATIONAL PLANNING WORKSHEET

NAME: \_\_\_\_\_ STUDENT ID#/SOC: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ @ \_\_\_\_\_ MESSAGE TELEPHONE: \_\_\_\_\_

MAJOR FIELD OF STUDY: \_\_\_\_\_ ANTICIPATED GRADUATION DATE:  SUMMER  FALL  WINTER  SPRING YEAR: 20\_\_\_\_

EDUCATION GOAL:  ASSOCIATE DEGREE ~~~  ACADEMIC TRANSFER DEGREE ~~~  CERTIFICATE ~~~  OCCUPATIONAL SPECIALIST DIPLOMA ~~~  SEVERAL COURSES

IF YOU PLAN TO TRANSFER TO A BACCALAUREATE (FOUR-YEAR) INSTITUTION, WHERE: \_\_\_\_\_

**What Year/Quarter did you begin this program at Metropolitan Community College:** \_\_\_\_\_

| SUMMER QUARTER |         | FALL QUARTER  |         | WINTER QUARTER |         | SPRING QUARTER |         |
|----------------|---------|---------------|---------|----------------|---------|----------------|---------|
| COURSE         | CREDITS | COURSE        | CREDITS | COURSE         | CREDITS | COURSE         | CREDITS |
|                |         |               |         |                |         |                |         |
|                |         |               |         |                |         |                |         |
|                |         |               |         |                |         |                |         |
|                |         |               |         |                |         |                |         |
|                |         |               |         |                |         |                |         |
| TOTAL CREDITS  |         | TOTAL CREDITS |         | TOTAL CREDITS  |         | TOTAL CREDITS  |         |
| SUMMER QUARTER |         | FALL QUARTER  |         | WINTER QUARTER |         | SPRING QUARTER |         |
| COURSE         | CREDITS | COURSE        | CREDITS | COURSE         | CREDITS | COURSE         | CREDITS |
|                |         |               |         |                |         |                |         |
|                |         |               |         |                |         |                |         |
|                |         |               |         |                |         |                |         |
|                |         |               |         |                |         |                |         |
|                |         |               |         |                |         |                |         |
| TOTAL CREDITS  |         | TOTAL CREDITS |         | TOTAL CREDITS  |         | TOTAL CREDITS  |         |

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
STUDENT'S SIGNATURE

\_\_\_\_\_  
Counselor or advisor's signature

\_\_\_\_\_  
DATE



**Financial Affidavit for a Program Extension for Fall 2018 – Summer 2019**

**Instructions**

Please follow the directions listed below. International Student Services (ISS) will review your application after receiving all the financial documents. ISS will not return your financial documents.

1. Complete all sections on page 6 and 7 of this document.
2. Supporting official bank letter or statement showing adequate financial support must be:
  - a. in English
  - b. stamped or signed by a bank official
  - c. in US currency
  - d. dated within six months from the date of submission
  - e. in a savings or checking account. ISS cannot accept money markets, investments, or letters from employers about salaries
3. F-1 students are required to be full-time students, enrolled in a minimum of 12 credit hours each quarter, except for authorized reduced course loads or annual vacation.

**Note:** ISS accepts the official bank statement and Financial Affidavit in person, by mail, e-mail, and fax. Please be prepared to provide the originals when you check in at ISS.

**Estimated expenses based on the number of quarters for the extension:**

|                                  | <b>1 Quarter</b>  | <b>2 Quarters</b>  | <b>3 or 4 Quarters*</b> |
|----------------------------------|-------------------|--------------------|-------------------------|
| Tuition and fees                 | \$1,212.00        | \$2,424.00         | \$ 3,636.00             |
| Books/Supplies                   | \$ 450.00         | \$ 900.00          | \$ 1,350.00             |
| Room/Board                       | \$2,085.00        | \$4,170.00         | \$ 6,255.00             |
| Transportation                   | \$ 450.00         | \$ 900.00          | \$ 1,350.00             |
| Estimated Personal Expenses      | \$ 300.00         | \$ 600.00          | \$ 900.00               |
| <b>Sub total</b>                 | <b>\$4,497.00</b> | <b>\$8,994.00</b>  | <b>\$13,491.00</b>      |
| Health Insurance (two quarters)  | \$1,252.00        | \$1,252.00         | ---                     |
| Health Insurance (four quarters) | ---               | ---                | \$2,504.00              |
| <b>TOTAL</b>                     | <b>\$5,749.00</b> | <b>\$10,246.00</b> | <b>\$15,995.00</b>      |
| Amount per dependent             | \$2,160           | \$4,320            | \$6,480.00              |

\* Students are eligible for vacation after three quarters or with ISS authorization. It is possible for students to have a vacation within the four quarters.

- Currently tuition and fees are charged at \$101.00 per credit hour. 12 credit hours cost \$1,212.00 for one quarter.
- F-1 students with F-2 dependents coming to the U.S. are required to demonstrate additional support in the amount of \$6,480 for each dependent. Add the amount to the estimated total listed above.

**Section 1. Applicant Information** (to be filled by the applicant)

Applicant's Name:

\_\_\_\_\_  
**Surname/Last/Family**

\_\_\_\_\_  
**First/Given**

\_\_\_\_\_  
**Middle**

List all F-2 dependents that will accompany you to the United States:

**Family Name**

**Given Name**

**Date of Birth**  
(mm/dd/yyyy)

**Relationship**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Section 2. Statement of Financial Support** (to be filled by the applicant)

*Financial support from all sources must equal the amount listed in the chart plus additional funding for accompanying dependents. Please list the amount in U.S. dollars.*

• Applicant's Personal Funds..... \$ \_\_\_\_\_  
***Please write the amount of support and provide supporting bank document***

• Funds from Family and Friends..... \$ \_\_\_\_\_  
***Please write the amount of support and provide supporting bank document***

Name of sponsor \_\_\_\_\_ Relationship to student \_\_\_\_\_

• Funds from other sources (government, organization or other agency)..... \$ \_\_\_\_\_

Name of agency \_\_\_\_\_

***Please write the amount of support and provide a signed letter from the agency specifying the amount of funding.***

**TOTAL** (Must match the "Estimated Total" amount listed in page one)..... \$ \_\_\_\_\_

**Section 3. Verification of Financial Support** (to be filled by the applicant)

I, \_\_\_\_\_ (applicant printed name), hereby promise that I have sufficient funding to support the first year of my education at MCC, including funds for my spouse and children if applicable; all of the information provided on this form is correct and complete; I will notify MCC of any change in my financial circumstances. I am fully aware that any false or misleading statement will result in an automatic denial of admission.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 4. (A and B) Verification of Financial Support** (to be filled by the financial sponsor)

A. Are you financially supporting any other MCC students? Yes  or No

If yes, please list the other MCC students you are supporting:

| MCC ID number | Last name | First/Given | Middle |
|---------------|-----------|-------------|--------|
|---------------|-----------|-------------|--------|

B. I (we) the undersigned certify that I am willing and able to financially support the applicant's educational and living expenses for the entire length of study at Metropolitan Community College and that I (we) are submitting bank documents indicating the availability of these funds.

|                               |           |                |
|-------------------------------|-----------|----------------|
| Sponsor's Name (please print) | Signature | Month/Day/Year |
|-------------------------------|-----------|----------------|

|         |                |             |
|---------|----------------|-------------|
| Address | State/Province | Postal Code |
|---------|----------------|-------------|

|            |            |                |
|------------|------------|----------------|
| Home Phone | Cell Phone | E-mail Address |
|------------|------------|----------------|

Nondiscrimination and Equal Opportunity Statement— Metropolitan Community College does not discriminate on the basis of race, color, national origin, religion, sex, marital status, age, disability or sexual orientation in admission or access to its programs and activities or in its treatment or hiring of employees