JCCC I-20 Program Extension Form
Program extension must completed and submitted to the IISS office before the I-20 program end date. Allow 5 business days for processing.

PART I: TO BE COMPLETED BY STUDENT

Last/Family Name ___________________________ First Name ___________________________

Street address (number and name of street) ___________________________ City ___________________________ State ___________________________ ZIP Code ___________________________

SEVIS ID#: _______________________ JCCC ID #: ___________________ JCCC email address: ___________________________

Phone#: ___________________________ Date of Birth ___________________ Current JCCC I-20 end date: ____________

☐ I understand that I need to maintain a valid passport
☐ I understand that it is my responsibility to consult with a JCCC counselor regarding:
  ☐ Academic suspension and poor academic performances
  ☐ Academic probation
  ☐ GPA requirements
  ☐ Questions about transfer credits from JCCC to other institutions and
  ☐ Program plan

__________________________ ___________________________
Signature Date

PART II: TO BE COMPLETED BY JCCC COUNSELOR

Refer to the back of this form for instructions for completion.
The student has compelling academic or medical reasons for an extension to their program of study in accordance with 8 CFR 214.2 (f)(7)(iii) (check what applies):

☐ Change in major
☐ Unexpected delays in program
☐ Documented illness (remind student to attach medical documentation)

Current program (s) of study listed in student record: _____________________________

Current number of credits taken toward program of study ______________

Remaining number of credits to complete program of study ________________

☐ Please contact IISS if the student does not meet any of the above criteria.

I certify that the above information is accurate:

________________________________________     ____________________________________  ___________  ______________
Counselor Printed Name                  Signature                            Extension #        Date

PART III: TO BE COMPLETED BY IISS/DSO

☐ The student has previously been approved for an I-20 extension. Initial program start date: _____________________________

☐ The student has previously been approved for ☐ RCL- Medical ☐ RCL- Academic ☐ Duration: _____________________________

☐ New I-20 program end date: _____________________________ SEVIS updated on _____________________________ BANNER updated on _____________________________

________________________________________
DSO Printed Name                               Date

5106-27  6/17
Form Completion and Processing Instructions

Eligibility: I-20 extension applicants are required to:
1. Be in lawful status.
2. Be enrolled as a full-time student.
3. Apply prior to completion date on his/her I-20.
5. Comply with JCCC policy regarding academic performance, minimum GPA requirement and TB results.

Limitations: 1. JCCC will grant extensions for a maximum of 12 months at a time. If a student requires more than one 12-month extension, s/he must seek another extension.

Students: 1. Complete Student Section.
2. Make an appointment with a JCCC academic counselor to discuss your need for an extension prior to the completion date on your I-20. We encourage you to apply in the semester prior to I-20 expiring.
   o If a program extension is warranted, the counselor will complete this form.
3. Submit to the IISS office the completed JCCC Extension Request form.

Counselors: 1. Verify degree intent in SGASTDN for Counselor Section of this form.
2. Complete Counselor Section.

Process: Once all required documents have been submitted to the IISS, a new I-20 authorizing an extension for a maximum of 12 months will be created. Students will be contacted via their JCCC student email account to sign the new I-20 and keep as their official I-20.