

JCCC I-20 Program Extension Form

This form <u>must</u> be completed with your JCCC counselor. If you have not met with your counselor yet, you must do so before completing this form.

Program extension must be 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 Name: * First Name: * JCCC ID: * Student Email: Date of Birth: MM/DD/YYYY Address: Number and Street * Address: City: State: -- Please Select -- $\overline{\mathbf{v}}$ ZIP Code: * * 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 * 🗌 I understand I am speaking with a JCCC Counselor about my I-20 Extenson Request. I will complete and submit this form in my counseling appointment with my counselor's consent. This form will be available to view in MyJCCC under the Records tab. * I understand verification of finances is required to update my I-20 to non-degree, transfer I-20. Student's Signature Date Click Submit Form at the bottom of the form to send your I-20 Program Extension form to your counselor. PART II: TO BE COMPLETED BY JCCC COUNSELOR 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). Major (listed in Banner): Second Major (if listed in Banner): Student will add or has added this major: Reason for Extension (select one): Change in Major C Unexpected Delays in Program C Documented Illness C Transfer Requirements

Please contact IISS (iiss@jccc.edu or call 913-469-7680) if the student does not meet any of the above criteria or if you have questions

on completing this	torm.
Current number of conterm):	redits taken towards academic degree/program (including the credits the student is enrolled in this
Remaining number of study:	of credits needed to complete program(s) of
☐ I certify that th information).	ne above information is accurate (based on current student's record
Counselor: *	Counselor Counselor Ext.: Counselor
Counselor's Signa	ture Date
gender identity, genetic inf applicable laws and regula Title IX Coordinators (Title) Resources, Johnson Count	INATION: JCCC does not discriminate on the basis of sex, race, color, national origin, disability, age, religion, marital status, veteran's status, sexual orientation, ormation or other factors that cannot be lawfully considered in its programs and activities which includes employment and admissions as required by all tions. Inquiries concerning JCCC's compliance with its nondiscrimination policies (including Title IX, Title VI, and Section 504 inquiries) may be referred to the K@iccc.edu), Dean of Student Services and Success, Dean of Learner Engagement and Success, Director of Human Resources, or Manager of Human ty Community College, 12345 College Blvd, Overland Park, KS 66210,?913-469-8500; or to Office for Civil Rights, Kansas City Office, U.S. Department of ane,?1010 Walnut Street, Suite 320, Kansas City, MO 64106,?Telephone:?816-268-0550, Facsimile:?816-268-0559,?email OCR: OCR.KansasCity@ed.gov.
COUNSELING and IISS:	To approve this I-20 Program Extension Form, click Next.
Student Signature	Date:
Counseling Signature	Electronic Signature Pending