

Approved Denied Denied

DSO Signature: _____

I-20 Extension Request

International Admissions and Compliance

Email: <u>international@dallascollege.edu</u>
 Phone: 972.669.6400
 Web: <u>https://www.dallascollege.edu/admissions/international</u>

~Please be advised that your immigration status is your responsibility~

F-1 Student Information (PLEASE PRINT):	
Last Name:	First Name:
Dallas College ID:	SEVIS ID:
Telephone:	Email Address:
Important Information:	
 You must apply for and be approved for extended prior to the I-20 expiration, an status. Please submit your request at least 4 we guaranteed. Please email this form to international@ 	on, suspension, or excessive course failure will not be allowed. The extension BEFORE your current I-20 expires. If your I-20 is not and you have not completed the degree, you will be considered out of the extension requests. Approvals for extension requests are not a completed. OR directly to a Dallas College Designated School cumentation indicated below. Upon receipt of your request, additional dessing your extension request.
Required Documents:	sessing your extension requesti
 sponsor support of USD \$27,641 minimu required) Completed Affidavit of Support Form Your academic degree plan report/Progreport will show how many classes/credit Other documents, if any, to support your 	The letter or statement, no older than 3 months, showing accessible m (if you have any dependents, an additional \$5,000 per dependent is ram of Study (You can access this from the eConnect student portal. The its are needed to complete your degree.) The request. (Ex: Medical documentation if you had any previously
approved medical reduced course load)	
By signing below, you request that a Designated program due to compelling academic or medical	d School Officer (DSO) consider your request to extend your I-20 I reasons.
Student Signature:	Date: (MM/DD/YYYY)
Missing or incomplete documents will dela	ay processing time. Please allow 5-7 business days for processing.
Dal	llas College DSO Staff Only

Reason (if denied): _____

_____ Date: (MM/DD/YYYY) _____