West Chester University of Pennsylvania

Center for International Programs

Program Extension

Family/Last Name	First Name	Middle Name	WCUID
Date of First Semester at WCU	Field of Study	Expected date of Graduation	Email Address
Telephone Number	Date of Birth	_____Bachelors _____Masters	_____F-1 _____J-1

Local U.S. Address:

THIS PORTION TO BE FILLED OUT BY YOUR ACADEMIC ADVISOR

The above named student needs additional time to complete the requirements for his or her degree for the following reason:

_____Change of major

_____Change in research topic

_____Unexpected research problems

_____Other_____

_____

The student is expected to graduate in _____ Fall _____ Spring_____ Summer _____ 2022_____ 2023_____ 2024

_____

Academic Advisor   Academic Advisor Name (please print)   Date

CIP Office use:_____ Approved _____Denied   Signature of DSO_____Date_____

Center for International Programs ~ 675 S. Church Street ~ West Chester, PA 19383
Phone: 610-436-3515 ~ Fax: 610-436-3426 ~ Email: international@wcupa.edu

2022