



College Drive, PO Box 2001
 Toms River, NJ 08754
 Phone: 732 – 255 – 0400
 Fax: 732 – 255 – 0444
 Web: ocean.edu

EXTENSION OF PROGRAM APPLICATION

Student: _____
Student ID #: _____
Email: _____
Academic Program: _____

Supporting Documentation
(to be completed/attached by student)

- Current financial documents** *(totaling \$30,860)*
- Confirmation of room & board provided** *(deduct \$16,340)*
- Other** *(please specify):* _____

Request for Extension

Regulations state that students may request an extension of stay prior to the program end date for:
“compelling academic or medical reasons, such as changes of major or research topics, unexpected research problems, or documented illnesses. Delays caused by academic probation or suspension are not acceptable reasons for program extensions”
 (8CFR 214.2(f)(7)(iii))

Academic Information
(to be completed by advisor)

Please explain the “compelling academic or medical reasons” for this student’s need for an extension of stay beyond the original program ending date when issued their I20.

Please provide the following updated information regarding the student’s program of study:

- ✓ Completion of all program requirements (semester/year): _____
- ✓ Expected Graduation Date (month/year): _____
- ✓ Number of credits remaining for program completion (including current semester): ____
- ✓ Is this student permitted to register for the next academic semester? _____

I certify that all the information provided on this form is accurate to the best of my knowledge and judgement.

Name: _____ Email: _____

Phone: _____ Program: _____

Signature: _____