ENGLISH LEARNING INSTITUTE

Building Educational Success Together

English Learning Institute
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Program Extension Request Form

This form should be filled out by students who need a program extension. All sections must be filled out completely. Please note that delays caused by academic probation or suspension are not acceptable reasons for a program extension. This form must be filled out with pen.

Section 1

Student Name: _____ _____ _____
First Middle Family Name

Student ID Number: _____ SEVIS ID: _____

Email: _____ Phone: _____

Section 2

Answer the following questions concerning your program end date:

When is your current program end date? _____/_____/_____
Month Day Year

Which of the following most closely describes your need for a program extension:

- ☐ Change of major
- ☐ Unexpected research problems
- ☐ Illness
- ☐ Other

Please further describe your situation: _____

_____

_____

*Students need to attach further proof when submitting this form. A letter from a doctor (if applicable), Instructor, or Academic Advisor will suffice. Students will also need to attach additional financial proof to show that they will be able to cover expenses for their extra time here at ELI. Please provide your signature below indicating that you understand this information you are submitting will be used to decide if you are granted an extension.

Student Signature: _____ Date: _____/_____/_____

For ELI Office Use Only

Is student eligible to receive a program extension? ☐Yes ☐No

ELI PDSO Signature: _____ Date: _____/_____/_____