



International Student Center

## I-20 EXTENSION RECOMMENDATION

Provide this recommendation form to an academic counselor when you wish to extend your program of study on your I-20. F-1 international students may be eligible for an I-20 extension when the delay in your program of study is not caused by academic probation or poor academic progress. Final approval to extend your I-20 is granted by PCC ISC.

### FOR STUDENT TO COMPLETE

<b>Last Name:</b>	<b>First Name:</b>
<b>PCC ID#:</b>	<b>Date of Birth: (MM/DD/YY)</b>
<b>Cell Phone #:</b>	<b>City of Birth:</b>
<b>PCC Email Address:</b> @go.pasadena.edu	

Please submit the following documents with your request:

- ☐ Bank Statement    ☐ Sponsor Statement Form

### FOR ACADEMIC COUNSELOR TO COMPLETE

The above student is applying for an extension on his/her I-20 to allow for additional time to complete his/her studies at Pasadena City College.

#### Eligibility Criteria for an I-20 Extension

- Student must be making normal academic progress towards completion of academic program and must have academic requirements remaining to qualify for an extension
- Code of Federal Regulations [8 CFR 214.2(f)(7)(iii)] state that delays caused by academic probation are NOT an acceptable reason for an I-20 extension

#### Reason for delay (please select one):

- ☐ Change of major  
☐ Courses not offered in appropriate semesters  
☐ Extensive prerequisite courses  
☐ Initial placement into low ESL level  
☐ Documented medical reasons (student will need to show documentation to ISC)  
☐ Other (please explain): \_\_\_\_\_

#### As the academic counselor, I verify the following:

- ☐ Student is in good academic standing and making academic progress per college's requirements  
☐ I support the student's request for an extension on his or her I-20 to continue studying at Pasadena City College  
☐ Student is expected to complete program by: \_\_\_\_\_ (Semester/Year)  
☐ I have attached a copy of student's educational plan to this recommendation

<b>Academic Counselor's Name:</b>	<b>Academic Counselor's Signature:</b>	<b>Date (MM/DD/YY):</b>
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<b>For office use only:</b> Initials: _____ Date: _____ Units: _____ SEVIS: _____ BANNER: _____ Request Log: _____ SARS _____ Email student _____
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