

TOURO UNIVERSITY

Office of the Registrar

REQUEST FOR F-1 PROGRAM EXTENSION

Part A: To be Completed by the Student

Updated proof of financial support must be accompanied with this form.

couro ID#:	ast Name.	First Na	me:	
State: Zip Code: mail Address: Tel #: To be Completed by the Academic Advisor/Dean/Program Director The reason for the delay is: Important Academic Reason Change of Major Change of Research Topic Unexpected Research Problems Other: Illness or Medical Condition Dates of illness or medical condition: to Documentation is on file in the International Student Office Documentation is attached The student is expected to complete the program of study by (date): Academic Advisor's/Dean's/Program Director's Certification certify that the delay in completing the program of study has been caused by the important treademic or illness/medical reason indicated above.	ouro ID#:	SEVIS ID	SEVIS ID#:	
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