

# Program Extension Form



IT IS NOW A REQUIREMENT THAT YOUR FACULTY ADVISOR MUST SIGN OFF ON YOUR PROGRAM EXTENSION AND PROVIDE A REASONING AS TO WHY IT IS BEING EXTENDED.

## STUDENT INFORMATION:

TODAY'S DATE: \_\_\_\_\_  
(MM/DD/YYYY)

STUDENT ID : \_\_\_\_\_

FULL NAME: \_\_\_\_\_  
Family (Last) Name

\_\_\_\_\_   
First (Given) Name

## STATEMENT OF PROGRAM EXTENSION AND OF GOOD STANDING

Initial \_\_\_\_\_ I, \_\_\_\_\_, \_\_\_\_\_ do hereby request to extend my  
Full Name Student ID  
Program of Study for an additional \_\_\_\_\_ months to the date of  
(No more than twelve)  
\_\_\_\_\_, in order that I may complete my degree program.  
MM/DD/YYYY

Initial \_\_\_\_\_ I affirm that I am a current F-1 full-time student who is in good-standing at Southeastern Baptist Theological Seminary. I further affirm that each of my student-related accounts is in order, and I am in full compliance with all of the current requirements of this institution.

Initial \_\_\_\_\_ I affirm that I am in full compliance with all current immigration regulations of the US government.

Initial \_\_\_\_\_ I understand that the above statements may be subject to verification, and if found to be false, can likely result in the termination of my F-1 status.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----This section is to be filled out by the student's Faculty Advisor-----

Current Program End Date: \_\_\_\_\_ Anticipated Program End Date: \_\_\_\_\_

Reason for Extension: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_