



Program Extension Form

It is a requirement that your faculty advisor must sign off on your program extension and provide a reason as to why the extension is needed.

Student Information:

Today's Date: _____ SID#: _____

Full 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 (no more than 12) to the date of
_____ (MM/DD/YYYY) , in order that I may complete my degree program.

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 to be filled out by the student's faculty advisor:

Current Program End Date: _____ Anticipated Program End Date: _____

Reason for Extension: _____

Signature: _____ Date: _____