



Date _____

F-1 Extension of Study Form

Use this form to request an F-1 extension of study at Schoolcraft College. After completing the form please schedule an appointment with the international coordinator to discuss the extension.

Required Information

LAST (FAMILY) NAME

FIRST NAME

STUDENT ID NO.

EMAIL

TELEPHONE

CURRENT I-20 PROGRAM END DATE

MAJOR

NUMBER OF CREDITS EARNED TO DATE

Reason for requesting an extension of study

NEW EXPECTED PROGRAM COMPLETION DATE

I understand that by submitting this form I am only requesting an extension of study and that approval is not guaranteed.

STUDENT SIGNATURE

DATE