UNIVERSITY of HAWAI'I®
KAPI'OLANI COMMUNITY COLLEGE

Paul S. Honda International Center (HIC)
4303 Diamond Head Road 'Iliahi 107,
Honolulu, Hawai'i 96816-4421
TEL: (808) 734-9312 Fax: (808) 734-9454
hic@hawaii.edu

Request for a Program Extension

Name: _____ **Phone Number**:_____

UH ID: _____ **UH Email**: _____

Cumulative GPA: _____ **SEVIS Number**:_____

I-20 Expiration Date:_____

Do you need a Travel Signature?: Yes ☐ No ☐

IMPORTANT: Please submit this completed form at least 15-30 days BEFORE your I-20 expires.

****

A. Preparation before seeing your Academic Advisor

☐ Check your STAR Graduation Requirement Totals
☐ Check if you will be graduating this semester
☐ Meet with your Academic Advisor to verify and sign below

****

B. Academic Advisor Recommendation (To be completed by your Academic Advisor)

Academic Advisor: This form is designated to facilitate the communication of certain information required by the F-1 visa regulations. The international student whose name appears on this form wishes to apply for an extension of the time allocated for completion of their program. Please complete the form and have the student submit the form and I-20 to Honda International Center. Mahalo!

1. The student is engaged in the following academic program (or major):

   Major: _____ **Degree Level**: ☐ A.A. ☐ A.S. ☐ C.A.

2. Is this student making normal progress towards his or her current degree? ☐ Yes ☐ No

   If "No", please ask the student to meet with an HIC DSO staff.

   If "Yes", please check one of the following:

   This student has not yet completed his or her program due to:

   ☐ Delay caused by a change in major
   ☐ Delay caused by medical reasons
   ☐ No unusual delay. The original length of time given to complete his or her studies was not reasonable for an average student in this program.
   ☐ Other:

3. I recommend that this student be given additional time to complete their program.

I certify that this student intends to complete his/her studies in: ☐ **Fall** ☐ **Spring** ☐ **Summer** **Year:** _____

Academic Advisor's Name: _____

Academic Advisor's Signature: _____

Phone Number: _____ Date: _____

****

HIC Office Use Only

Scan: Initial _____ Date _____ ISSM Entry: Initial _____ Date _____