

## LOS ANGELES CITY COLLEGE INTERNATIONAL STUDENT PROGRAM

## I-20 EXTENSION/CHANGE OF MAJOR/ CHANGE OF EDUCATIONAL LEVEL REQUEST FORM

| I would like to request the following:      |                                |  |
|---|--------------------------------|--|
| $\Box$ (a) Extension of I-20                |                                |  |
| □ (b) Change of Major on my I-20            |                                |  |
| □ (c) Change of Educational Level           |                                |  |
| Student Family Name:                        | Student First Name:            |  |
| Student ID:                                 | SEVIS ID:                      |  |
| U.S. Street Address:                        |                                | Apartment Number:                                |
| City:                                       | State:                         | Zip Code:  |
| Phone Number:                               | Email Address:                 |  |
| Please feel out the applicable items below: |                                |  |
| (a) For Extension of I-20:                  |                                |  |
| How many more semesters do you nee          | ed to complete the program     | ?  |
| Have you been approved of an extension      | on of I-20 before at LACC?     | Check one) Yes No                                |
| (b) For Change of Major:                    |                                |  |
| Previous Major:                             | New Major:                     |  |
| (c) For Change of Educational Level:        |                                |  |
| Previous Educational Level:                 | New Educational Level:         |  |
| Program Start Date:                         |                                |  |
| Please Note: You MUST request a program     | extension at least 30 days bef | fore the expiration date indicated on your I-20. |
| You MUST submit proof of funds and your e   | ducational plan to Internation | nal Student Center upon requesting               |

extension/change of major/change of educational level.

I certify that I have reviewed my courses and requirements with the counselor and I need additional courses to complete the program.

Signature of Student