

SALT LAKE COMMUNITY COLLEGE
International Student Affairs

Student Request Form for an I-20 Extension, CPT, OPT, & RCL.

Part I. To be completed by the student

Student Name: _____

Student ID: _____ Phone: _____

Email: _____

Address: _____

I am applying for (circle one): **I-20 Extension** **CPT** **OPT** **RCL**

Part II. To be completed by the Academic Advisor: (Must see either Elizete Bond or Scott Wakefield)

Extension: To extend a student's I-20 to remain legally in the U.S. to complete the academic program.

1. To support an F-1 student's request for an extension to complete their academic program, please attach a copy of a new **course planner**:
2. I certify that the student has maintained normal progress towards degree completion and that the delay of his/her graduation has not been caused by academic probation, suspension, or poor academic performance. If GPA is below 2.0 an extension may be approved on a case by case basis.

Please indicate recommendation for (circle one): **1 Term** **2 Terms** **3 Terms**

CPT: Curricular Practical Training for work off-campus in a job directly related to a student's major field of study.

I certify that the student:

- Is not a general studies major
- Has completed at least 4 classes towards his/her degree, not including developmental coursework or general education courses unless they specifically apply to his/her program
- Is in his/her second year status of the degree program

I recommend the practical training as it is an integral part of an established curriculum that is directly related to the student's major area of study.

Yes _____ **No** _____

OPT: Optional Practical Training for a job related to a student's major field of study after graduation.

I recommend the student for post-completion of studies OPT in a job that is directly related to the student's major area of study and that the student is on track to graduate for the _____ (term & year) semester.

RCL: Reduced Course Load for having less than 12 credit hours the student's final semester.

I certify that the student is on track to meet all of the requirements for graduation and only needs _____ credit hour(s) to complete their academic program for the _____ (term & year) semester.

Academic/Department Advisor's Name: _____

Signature: _____ Date: _____