I-20 Program End Date

*This form will help the ISSC determine a program end date for Form I-20.

| *To b | e filled out by student: | |
|-------|---|-----|
| 1. | Date: | |
| 2. | Name:W#: | |
| 3. | Major: Bachelor or Graduate: _ | |
| 4. | International Permanent Address: | |
| | | |
| | | |
| | | |
| *To b | e filled out by academic advisor of your major: | |
| 1. | Remaining number of credits required to complete degree | : |
| 2. | Expected semester and year of completion (excluding sum | mer |
| | semesters): | |
| 3. | Number of credits the student has repeated: | |
| 4. | Academic advisor name: | |
| 5. | Advisor signature: Date: | |
| | | |
| | To Be Completed by ISSC | |
| 1. | Date received: By: | |
| 2. | Date given to ISSC admissions advisor: | |