



# DIOCESE OF DAVENPORT

International Student Services Office  
780 W. Central Park Ave. Davenport, Iowa 52804  
563-888-4230 phone / [Trujillo@davenportdiocese.org](mailto:Trujillo@davenportdiocese.org)

## EXTENSION FORM

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Grade of Student: \_\_\_\_\_

My original program start date: \_\_\_\_\_

My original program end date: \_\_\_\_\_

Please change my program start date to: \_\_\_\_\_

Please change my program end date to: \_\_\_\_\_

\_\_\_\_\_  
Parent/Host Family Signature (Print please)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature (Print please)

\_\_\_\_\_  
Date

**Due to the PDSO within 30 days prior to the program end date.**

*For PDSO/School Use Only*

Date notified of change: \_\_\_\_\_

Initial: \_\_\_\_\_

Date Received Signed document: \_\_\_\_\_

Initial: \_\_\_\_\_

Date Updated in SEVIS: \_\_\_\_\_

Initial: \_\_\_\_\_