I-20 PROGRAM EXTENSION REQUEST FORM

F-1 Students, if you are unable to complete your program of study by the expected completion date indicated on your I-20, you must request a program extension at least thirty (30) days before the completion date. To apply for a program extension, you will need the following:

1. This form, completed by you and your advisor and returned to the Coordinator of International Student Services
2. Current bank certification letters (in English) showing evidence of financial support

TO BE COMPLETED BY THE STUDENT:

Student’s Name: ____________________________________________
(Family Name)       (First name)       (Middle Initial)

SONIS ID: ________________________________  SEVIS ID: ________________________________

Major: ____________________________________  I-20 Completion Date: _________________________

TO BE COMPLETED BY THE ADVISOR:

Faculty Advisor, this form is provided for your convenience and is designed to facilitate the communication of certain information required by USCIS regulations. The completion of this form is needed for an F-1 international student to be granted a program extension to complete his/her current program of study. Please complete this form in its entirety and ask the student to return. If you have any questions, please contact the PDSO, Lizzie Rassi.

Academic History:

Total credits earned to date: ____________  Number of credits required for degree: ____________

Describe any additional requirements: _______________________________________________________________________
____________________________________________________________________________________________________

Current Status:

The student has not yet completed the current program of study due to (please select all that apply)

☐ Delays caused by a change in major field of study
☐ Delays caused by documented medical problems
☐ Delays caused by lost credits upon transfer
☐ Other (please provide letter of explanation)

I recommend that this student be allowed additional time to complete his/her studies. I anticipate that this student will complete all requirements for the current program of study on (approximate date):

__________________________________________  ______________________________________
(month)                                   (day)                                     (year)

Advisor Name (Print): ________________________________

Faculty Advisor Signature: ________________________________  Date: / /

TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL (DSO):

Signature of (P)DSO ________________________________  Date Processed: / /

Comments: ______________________________________________________