



F-1 Program Extension Request Form

In order to maintain legal F-1 status, students must possess a valid I-20 with a future program end date. If you require more time / semesters to complete your academic program requirements, you will need to receive an I-20 with a new end date. Requests for an extension must be received and processed before the end date on the current I-20. Complete this form at least 2 weeks before the program end date on your I-20 to allow ISSS to process the request.

Student information

Name _____ ID _____

Financial support

Amount to be provided \$ _____ USD ISSS advisor initials _____

You must submit proof of the funding listed above (e.g.; recent bank statement, affidavit of support, and TA or RA letter of appointment). ISSS advisors may request further information to confirm funding.

To be completed by the Main Campus Academic Advisor/Dean:

Advisor, please note: U.S. immigration regulations stipulate that the student's need for an extension of immigration status must be caused by compelling academic or documented medical reasons. **Your signature on this form certifies such an academic reason for the delay in the student's completion of his/her degree.**

of Credits required for degree completion: _____ Expected term / year of completion: _____

Is this student making normal progress towards his or her degree? Yes No

This student has not yet completed the program of study due to (*please check all that apply*):

- Delay caused by a change in major field of study.
- Delay caused by a change in research topic.
- Delay caused by unexpected research problems.
- Delay caused by lost credits upon school transfer.
- No unusual delay; the original length of time given to complete was not reasonable for this program.
- Other academic reason. Explain: _____

Do you recommend this student be given additional time? Yes No

Graduate students: has an extension from the Graduate School been approved? Yes No
If yes, until what date? ____/____/____ (include a copy of approval from the Grad School)

Academic Advisor Signature

Name of advisor: _____ Department: _____

Phone number: ____/____/____ Email: _____

Signature of Academic Advisor: _____ Date: ____/____/____