Program Extension Request Form

Section A: To Be Completed by Student

Name: __________________________________________________________________________

Last Name                      First Name

Immigration Status: [ ] F-1 [ ] J-1  SEVIS ID: ________________________________

Current End Date of I-20 or DS-2019: Month: ___________________________________

Day: __________________ Year: _________________________________________

School/Department: ___________________________ Email: ____________________________

Check the appropriate box if you need an I-20/DS-2019 for F-2 or J-2 dependents:

[ ] Spouse [ ] Children (How many?)

Has there been a change in the source of your funding?

[ ] No [ ] Yes (Attach required documentation.)

Student Signature: ___________________________________________ Date: ____________

Section B: To Be Completed by Student’s Academic Advisor

Note to the Academic Advisor: The above named student has requested an extension of the time limit placed upon the F-1 or J-1 nonimmigrant student’s length of study. The purpose of this form is to provide information required by US Citizenship and Immigration Services (USCIS). Additional course(s) must count toward degree, including any course(s) that will be applied toward more than one major or concentration.

1. The above named student has been and continues to be enrolled in a full course of study and is making normal academic progress in his/her academic program: [ ] Yes [ ] No

2. I anticipate this student will complete all requirements for the degree on or about:

   Month: ________  Day: ________  Year: __________________

3. This student has not yet completed the current program of study due to (please explain below):

   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

6. I therefore recommend that this student be allowed the additional time necessary to complete the academic program.

   Academic Advisor’s Name: ___________________________________________

   School/Department: ___________________________ Email: __________________________

   Advisor Signature: __________________________________ Date: ________________