

**EXTENSION OF PROGRAM**

When you need to continue in an educational program beyond the date originally estimated for completion of the program, you must apply for an extension no later than 30 days before the expiration date on your I-20.

As an F-1, you are eligible to apply if you have continually maintained status and the delay in completion of studies is caused by compelling academic or medical reasons. If you are out of status, you must apply for reinstatement.

For extension, submit the following to the Office of International Programs (OIP):

1. Complete this request form

2. Academic Advisor Recommendation Form completed by your academic advisor attesting to the valid academic reasons why your program could not be completed within the allotted time and specifying an expected completion date of your program. **Please note: one-year maximum extension per request**.

OR

A letter from your physician documenting the length of your illness if the program extension is being requested because of illness.

One week after you submit the required documentation, you must come in to sign your new I-20, and to collect your copy.

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LU ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXTENSION REQUESTED—New End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACADEMIC ADVISOR’S RECOMMENDATION EXTENSION OF PROGRAM**

PLEASE COMPLETE THIS FORM AND RETURN IT TO THE OFFICE OF INTERNATIONAL EDUCATION. IF YOU HAVE QUESTIONS, PLEASE CONTACT THE OIPE AT (7786/7785)

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LU ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Advisor: This form is provided to facilitate the communication of certain information required by regulation of the U.S. Citizenship and Immigration Service. Its completion is needed for a student in F-1 status to be granted an extension of the time limitation placed by the INS upon the student’s current program of study.

Has this student been continuously enrolled for a full course of study?

\_\_\_\_\_\_ YES \_\_\_\_\_ NO

This student will complete requirements for his/her current program on (New date requested – one-year ***maximum*** extension per request)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Month) (Day) (Year)

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

\_\_\_ Delay caused by change in major field of study

\_\_\_ Delay caused by change in research topic

\_\_\_ Delay caused by unexpected problems

\_\_\_ Delay caused by lost credits upon transfer to our school

\_\_\_ No unusual delay -The original length of time given was not reasonable for an average student in this program.

\_\_\_ Other (Please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I therefore recommend that this student be allowed additional time to complete studies.** Academic Adviser’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title (Please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_