

Program Extension Form

TO BE COMPLETED BY STUDENT:

Name:

Students who have not updated their financial information on their I-20 within the past 12 months will need to provide new financial documentation to demonstrate the continued ability to cover school expenses during the extended period of authorization. Current financial verification forms and estimates are available from the International Center website here.

Student ID:

Local Address:	
Email:	Phone:
TO BE COMPLET	D BY ACADEMIC ADVISOR OR DEPARTMENT CHAIR:
Certificate of Eligibili regulations, the UN confirmation that the	ve has indicated that they require additional time beyond the time frame listed on their form I-20, for F-1 status (Bachelors: 4 years; Masters: 2 years; PhD: 4 years). To comply with U.S. federal International Center requires that a representative of the student's academic program provide udent is making normal academic progress and that there is a legitimate academic reason to justify the complete the information below. If you have questions, please contact an International Student Advisor
The student is enga	ed in the following course of study:
Degree program:	Anticipated graduation date:
The student has no	yet completed the course of study due to (please choose one):
is required and the	is do not allow for a program extension unless the student's physical presence in the United States ork cannot be remotely completed overseas (see reverse). Provide an explanation of specific tasks physical presence in the United States; describe why these tasks could not be completed remotely:
ls this student maki	g normal progress towards their current degree?
Yes	No
Do you recommend	hat this student receive additional time to complete their studies?
Yes	No
Signature:	Date:
Name:	Title: