F-1 Program Extension Request Form

An F-1 international student must complete their program of study by the program end date listed on their Form I-20. If you are not able to complete your academic program listed on your Form I-20 by the program end date, you must apply for a program extension.

Under CFR 214.2(f)(7)(ii), a program extension may be granted if "… *the student has continually maintained status and … the delays are caused by compelling **academic** or **medical** reasons, such as changes of major or research topics, unexpected research problems, or documented illness. Delays caused by academic probation or suspension are not acceptable reasons for program extensions*". Program extensions can be granted for up to 12 months (two Fall/Spring semesters) at a time.

Part 1. To Be Completed by the Student

Student Name: _____   **Tech ID**: _____

Current Program End Date on Form I-20: _____

Academic Program (Major) Extension is Request for: _____

I am requesting a program extension to complete my program of study. Upon submission, review, and approval of this request, I authorize my DSO to extend my program in SEVIS. I understand that this is a request subject to review and may be denied if the reasons for a program extension are not valid per F-1 regulatory requirements.

Student Signature: _____   **Date**: _____

Part 2. To Be Completed by Academic Advisor

Please indicate the grounds for the student's program extension (select one or more):

___ Student was required to complete developmental or pre-requisite coursework in addition to required major courses

___ Student changed their major while at Saint Paul College

___ Student experienced delays in program due to documented illness

___ Other (please indicate): _____

Based on the student's degree audit report, the student requires:

___ **One** additional (Fall/Spring) semester to complete program of study

___ **Two** additional (Fall/Spring) semesters to complete program of study

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If there are no further delays, student will complete academic program of study listed on this form in the _____ semester.

Academic Advisor Name: _____ **Date**: _____

Academic Advisor Signature: _____

Part 3. To Be Completed by International Student Advisor/DSO

Upon review of this form, and the student's record, this request for a program extension is:

___ Approved

___ Denied

Notes:

International Student Advisor/DSO Name: _____ **Date**: _____

International Student Advisor/DSO Signature: _____

International
Student Services
SAINT PAUL COLLEGE