

An F-1 or J-1 student who is unable to meet the program completion date on the I-20/DS-2019 form may be granted a program extension by the school if the Designated School Official or Alternate Responsible Officers (International Student Adviser at ISSS) certifies that the student has continually maintained status and that the delays are caused by compelling academic or medical reasons. Delays caused by academic probation or suspension are not acceptable reasons for program extension.

To request an extension, please complete this form, along with the required documentation listed below.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Major \_\_\_\_\_ Degree Level \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Original Completion Date on I-20/DS-2019 \_\_\_\_\_ Expected Completion Date Requested \_\_\_\_\_  
MM/DD/YY MM/DD/YY

**PART 1—TO BE COMPLETED BY STUDENT**

**Reason for extension (please check one):**

- I request an extension for academic reasons.
- I request an extension for medical reasons.  
*Required documentation: letter from your licensed physician, psychologist or psychiatrist (on letterhead, with signature) recommending an extension of your academic program because a medical condition or illness has affected your ability to maintain normal progress toward degree completion. This letter must specify the expected completion date.*

**Financial sources:**

- Completed Financial Certificate  
*Required documentation: Financial Certificate for undergraduate or graduate school (corresponding to your level of study).*

**Insurance requirement (J-1 students only):**

- I have extended my health insurance coverage through the requested date of extension.  
*Required documentation: letter from insurance company verifying new coverage end date.*

I certify that all information reported above and in supplemental documentation is true and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PART 2—TO BE COMPLETED BY ACADEMIC ADVISER**

Upon review of the above named student's program plan, I agree that this student still has requirements to complete before they will graduate, which necessitates the extension of his/her current I-20. (Please note, an I-20 can only be extended for the length of one year.)

The new expected graduation date is \_\_\_\_\_.

Name (Print) \_\_\_\_\_

Extension \_\_\_\_\_

Department \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_