

<b>Part I. To Be Completed by Student</b>		
1. Student's Name (Family, First, Middle):		
2. Current Address:		3. Birth Date:
4. Email Address:	5. Phone:	6. KID No.:
7. SEVIS ID No.:	8. Major:	9. Department:
10. Current Program: <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctoral <input type="checkbox"/> Other. If other:		
11. Current Form I-20 End Date:		12. Requesting New End Date:
13. Student Signature:		14. Date of Signature:

<b>Part II. Application Procedure</b>	
<p>15. Send in the following to OISSS:</p> <ul style="list-style-type: none"> <li>a. Completed and signed, this form</li> <li>b. You may submit these requests up to 90 days prior to the Program End Date indicated on your current Form I-20. Your extension request should be submitted <i>no later than 3 weeks prior to the program end date</i> on your Form I-20.</li> <li>c. Federal regulations <b>do not</b> allow students to extend their program end date after the date has passed.</li> <li>d. Your academic advisor/coordinator <b>MUST</b> sign this form and provide a <b>valid academic reason</b> for the extension. If the delay is due to a <b>valid medical reason</b>, you must obtain a letter written by a recognized, licensed health care practitioner that states that a specific illness or medical condition compelled you to reduce or to interrupt your normal study. The letter should also specify the semester(s) and dates involved.</li> <li>e. New <a href="#">Form OISSS-50</a>, Financial Certification and new supporting bank letter or statement, which shows access to funds to support yourself for the duration of the extension.</li> </ul> <p><b>NOTE:</b> <a href="#">8 CFR 214.2(f)(7)(iii)</a> states that students may be granted an extension of their program end date if: "the student has continually maintained status and that the delays are caused by compelling academic or medical reasons, such as changes of major or research topics, unexpected research problems or documented illness. <b><i>Delays caused by academic probation or suspension are not acceptable reasons for program extensions.</i></b>"</p>	

<b>Part III. To Be Completed by Student's Academic Advisor</b>	
<p>16. I certify that this request is in concordance with applicable departmental and university policies. I further certify that this student is in good academic standing and will complete the program on the date requested, and is unable to complete his/her program by the date specified on his/her form I-20 due to:</p>	
17. Name of Academic Advisor:	18. Office Phone No.:
19. Department/College:	20. Email Address:
21. Signature of Advisor:	22. Date of Signature: