



# Office for International Students and Scholars

## APPLICATION FOR EXTENSION OF ACADEMIC PROGRAM AND FORM I-20/DS-2019

This application must be submitted to the Office for International Student & Scholars (OISS) *at least* three business days prior to your expiration of your I-20/DS-2019. Extensions are not possible after your program end date has passed.

### To be completed by the Student:

I am requesting an extension of my I-20/DS-2019. I understand that I need to submit financial documentation to show proof of funding for the extended stay in the U.S., up to 12 months. I also understand that I must complete this process in a timely manner so that I can obtain the I-20/DS-2019 with the new end date *before* the current end date on my I-20/DS-2019.

Student Name \_\_\_\_\_ ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First name Last name

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ Semester \_\_\_\_\_

### To be completed by the Academic Advisor:

Students are eligible for an extension when the delay in completion of studies is caused by compelling academic or medical reasons, *such as* changes of major or research topics, unexpected research problems, or documented illnesses.

### Extensions cannot be granted for reasons caused by a student being on Academic Probation and/or Suspension.

\_\_\_\_\_ I confirm that the student is not on academic probation during the current term.  
Initial

\_\_\_\_\_ I confirm that the student is not suspended during the current term.  
Initial

**Please describe below the compelling academic reasons why the student's program cannot be completed within the allotted time.** Please note: a simple explanation that the student needs more time is not sufficient to obtain an extension. The US Department of Homeland Security requires OISS to document a *specific problem* that occurred which *delayed the student's completion*.

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Please provide the (new) expected end date of completion. The end date will serve as the student's new program completion date. If there is uncertainty between an earlier or later date, please use the later option, since a program may be shortened if the student finishes earlier than expected.

**New Expected Date of Completion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Academic Advisor \_\_\_\_\_ Phone or E-Mail \_\_\_\_\_  
First name Last name

Academic Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_



**IMPORTANT:** This form requires a minimum of 3 business days for processing after you have submitted it to the Office for International Students and Scholars!