

Student completes this section		
Name of Student:	G Number:	
Email Address: Phone Number:		
Degree Level (Bachelors/Masters/Doctorate):	Major Field of Study:	
Eligibility Criteria for I-20 Program Extension (please re	eview prior to signing this document)	
 completion of degree, and have academic requ Extension may be granted only to students who medical reasons [8 CFR 214.2(f)(7)(iii)]. Delays caused by academic probation or susper Extension requests will not be granted solely be employment such as Curricular Practical Trainir 	o can demonstrate that they have compelling academic or assion are not acceptable reasons for an extension. ecause the student was delayed by engaging in	
 Estimating Completion Date The final term is the last term the student is reg For students whose academic program requires term in which the student satisfies all academic 	s a thesis, the completion date is the last day of the final	
Academic Advisor completes this section		
Required credit hours remaining (including 998/999 end Estimated date of completion:(For doctoral students, defense date:((month/year)	
Reason for delay (check all that apply) Change major field of study Add second major/dual major Change in research topics Unexpected research problems Change in advisor or committee Medical reasons Student needs more time due to the following a	academic reason(s).	

As the Academic Advisor, I certify that the student is eligible to continue his/her studies and recommend that the student be allowed additional time to compete degree requirements.

Name:	. Title:	Date:
Signature:	Phone:	Email: