

**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 review prior to signing this document)**

- To be eligible for an extension, the student must be maintaining status, making normal progress toward completion of degree, and have academic requirements remaining.
- Extension may be granted only to students who can demonstrate that they have compelling academic or medical reasons [8 CFR 214.2(f)(7)(iii)].
- Delays caused by academic probation or suspension are not acceptable reasons for an extension.
- Extension requests will not be granted solely because the student was delayed by engaging in employment such as Curricular Practical Training.
- Graduate students are not eligible for program extensions to complete research, writing or presentations that are not degree requirements.

**Estimating Completion Date**

- The final term is the last term the student is registered for classes/credit for their degree
- For students whose academic program requires a thesis, the completion date is the last day of the final term in which the student satisfies all academic requirements for the degree.

**Academic Advisor completes this section**

Required credit hours remaining (including 998/999 enrollment): \_\_\_\_\_ (excluding current term)

Estimated date of completion: \_\_\_\_\_ (month/year)

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 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: \_\_\_\_\_