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 complete degree requirements.

Name: _______________________________ Title: _______________________ Date: ____________________
Signature: ____________________________ Phone: _____________________ Email: _____________________