

Extension of Program Request for F-1 students

Office use only
Initial _____
Date _____
ISRS _____
SEVIS _____

An F-1 student is eligible for extension if:

1. The student applies to a Designated School Official (DSO) for the extension prior to the program end date
2. The student has “continually maintained status” and made normal progress towards his/her degree
3. The student can prove that the delay in completion is “caused by compelling academic or medical reasons, such as changes of major or research topics, unexpected research problems, or documented illnesses.”

How to apply:

Meet with a CIS advisor after you complete this Extension of Program Request form and obtain new financial documents for the amounts indicated below (see [Financial Documents Guidelines](#))

(<http://www.stcloudstate.edu/internationalstudents/students/scholarships/>)

- o Please review the [Cost](#) page on our website to on the amount you will need to show on your financials. (<http://www.stcloudstate.edu/internationaladmissions/costs/default.asp>)

To be completed by the student:

Last Name _____ First Name _____
Student ID # _____ Email _____
Degree Level _____ Major _____

Current End Date on I-20: _____

Have you ever been approved for a program extension? ___ Yes ___ No

By signing below, I certify that the above information is true and correct to the best of my knowledge.

(Signature) (Name – Please Print) (Date Signed)

To be completed by Academic Advisor:

Number of credits left to be completed: _____

Recommended new program end date: _____
(Month/Day/Year)

Please check the reason this student was unable to complete program:

- | | | |
|---|--|--|
| <input type="checkbox"/> Changed research topic | <input type="checkbox"/> Changed/added major | <input type="checkbox"/> Medical reason |
| <input type="checkbox"/> Unexpected research problems | <input type="checkbox"/> Internship requirements | <input type="checkbox"/> Academic difficulty/ delays |

By signing below, I certify that the student is making normal progress towards his or her educational objective and that the delay in completion is caused by compelling academic or medical reasons.

(Signature of Academic Advisor) (Date Signed)

(Name – Please Print) (Academic Department) (Phone)