



# Program Extension for F-1 Students

*\*Please allow 5 full business days for processing a complete application\**

**To be completed by the student:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

SCSU ID#: \_\_\_\_\_ Degree Level: \_\_\_\_\_

Major: \_\_\_\_\_ Phone number: \_\_\_\_\_

SCSU e-mail: \_\_\_\_\_ Personal e-mail: \_\_\_\_\_

First semester at SCSU: \_\_\_\_\_ Current I-20 expiration date: \_\_\_\_\_  
(Semester/Year)

Have you ever applied for Reinstatement? YES \_\_\_ NO \_\_\_ If yes, when: \_\_\_\_\_

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by the Academic Advisor:**

*Please verify the student's eligibility by checking the appropriate reason:*

**Compelling Academic Reasons:**

- 1) \_\_\_\_\_ Change of major
- 2) \_\_\_\_\_ Change in research topic
- 3) \_\_\_\_\_ Unexpected research problems
- 4) \_\_\_\_\_ Inadequate time granted on initial Form I-20
- 5) \_\_\_\_\_ Other: \_\_\_\_\_

**Medical Reason:**

- 1) \_\_\_\_\_ Documented illness

Has the student ever been on academic probation or suspension? YES \_\_\_ NO \_\_\_ If yes, when: \_\_\_\_\_

How many credits does the student have left to complete: \_\_\_\_\_

Are these credits a requirement for degree completion? YES \_\_\_ NO \_\_\_

Has the student ever had to repeat a course? YES \_\_\_ NO \_\_\_

What is the student's new recommended graduation conferral date? \_\_\_\_\_  
(Month/Year)

*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 documented medical reasons.*

\_\_\_\_\_  
(Signature of Academic Advisor)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Name – Please Print)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Academic Department)