



Program Extension for F-1 Intensive English Center Students

Please allow 5 full business days for processing a complete application

To be completed by the student:

Last Name: _____ First Name: _____

SCSU ID#: _____ IEC Level: _____

Phone number: _____

SCSU e-mail: _____ Personal e-mail: _____

First semester at IEC: _____ 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) ____ Inadequate time granted on initial Form I-20

Medical Reason:

1) ____ Documented illness

Has the student ever had to repeat a level? YES ____ NO ____

How many levels does the student have left to complete? _____

Will the student complete all program requirements with this extension? YES ____ NO ____

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

What is the student's new recommended I-20 end 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)