

PROGRAM EXTENSION REQUEST FOR F-1 STUDENTS

First Name

Last Name

Monroe ID #

Physical Address in the U.S. (Building number, street name, apartment/floor/suite number, city, state, and zip)

Email Address

U.S. Cell Phone Number

Academic Program (check one): ☐ ELLI ☐ Certificate ☐ Associate ☐ Bachelor ☐ Master's

Use this form if your I-20 is expiring & you need more time to finish your program.

SEVIS ID Number (top left corner of I-20): N _____

What is the NEW semester and year in which you will complete your program?

☐ Fall 20____ ☐ Winter 20____ ☐ Spring 20____

A program extension may be authorized if this application is submitted BEFORE the program end date as listed in your F-1 record in the SEVIS database and only for compelling academic or medical reasons. Academic probation and academic dismissal are not acceptable reasons for an extension.

REQUIRED - Explain your reason for needing more time to finish your program:

Student Signature

Date

STUDENT SERVICES ADVISOR RECOMMENDATION

This student is applying to extend his or her program based on the reason written above.

- I confirm that this student does have a compelling academic or medical reason for an extension.
- In what semester will the student finish studies? ☐ Fall 20____ ☐ Winter 20____ ☐ Spring 20____
- Please attach a degree audit (EVAL)

Advisor Name & Signature

Date