



International Programs

Request for I-20 Program Extension

This form and letter must be submitted to the Office of International Programs **by the student** least **two weeks prior to the I-20 current program end date** in order to complete the program extension authorization process.

Student's Name: _____ Date: _____

MSU ID#: _____ Major: _____ Level: Undergraduate Graduate

Your expected date of graduation: (month/year) _____/_____

Student Certification:

I understand that I must apply for an extension at least two weeks prior to the program end date on my I-20. If the program end date on my I-20 passes, I understand that my SEVIS record will be terminated and I will be "out of status." If I am granted a program extension, I will receive a new I-20 with a new program end date. Extensions may be granted for up to one year. Each additional request for an extension will require me to repeat the process outlined in this document.

Student's signature

Date

This section is to be completed by the academic advisor, and must be accompanied by a letter from the academic advisor.

The student named above is an international student in F-1 status and is applying for a program extension (8 C.F.R. 214.2 (f)(10)(ii)). Your verification of the student's eligibility for a program extension is required to ensure that Minot State University is in compliance with these regulations. If you have questions about this form, please contact Elizabeth Sund, International Student Coordinator, at 858-3348 or elizabeth.sund@minotstateu.edu.

- The student's advisor must **attach a letter** on departmental letterhead with **all** of the following information:
 1. Description of the compelling academic reasons why the student's program could not be completed within the allotted time. Delays caused by academic probation or suspension are not acceptable reasons for a program extension. Compelling academic reasons can include, but are not limited to, changes in major and unexpected research problems.
 2. An expected date of completion for the student's program.
 3. An outline of the classes the student needs to complete and when those classes will take place.
- If the extension is requested for **medical reasons**, an additional letter from a medical professional will be required.

Academic Advisor Certification:

I understand that by signing this form, I am certifying that the student requires additional time to complete his or her degree for compelling academic or medical reasons.

Signature of Academic Advisor or Department Chair

Date

Typed or printed name of Academic Advisor or Department Chair

Affix department stamp above

International Programs Notes: Extension Approved Extension Denied DSO Signature: _____
 Notified student of request status Program End Date amended in SEVIS I-20 printed Date: _____