



## Program Extension for F-1 Students

### WHEN TO APPLY

You must request a program extension before the end date on your I-20. We cannot extend your I-20 after the expiration date has passed.

### ELIGIBILITY

- You must have continually maintained status as an F-1 student throughout your program of study or been reinstated to legal student status.
- Delays in degree completion are caused by academic or medical reasons. Delays caused by academic probation or suspension are not acceptable reasons.

### PROCEDURES

#### Step 1

- Complete Part A of Request for Program Extension form.
- Have your Academic Advisor, Department Advisor or Department Chair complete Part B.
- Obtain financial documentation, including a bank statement and Certificate of Financial Responsibility, to show funding for the period of your extension.

#### Step 2

- Make an appointment with International Student Advisor.
- Bring the completed form and the financial verification to the appointment.

#### Step 3

- If your request is approved, International Programs will issue you a new I-20.

### IMPORTANT

- If you fail to apply for a program extension before your current I-20 expires, you will be considered out of status.
- If you are not eligible to apply for a program extension, you must see an International Student Advisor immediately.
- If you are going to travel outside the U.S. you must use the new I-20 for re-entry.
- Optional Practical Training is not part of the expected completion date.



## F-1 Request for Program Extension

### PART A: To Be Completed by Student

Full Name \_\_\_\_\_ Date \_\_\_\_\_

LCSC ID \_\_\_\_\_ SEVIS ID \_\_\_\_\_

LCMail \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

### PART B: To Be Completed by Academic Advisor, Department Advisor or Department Chair

1. The Student is engaged in the following Academic Program.

**Major:** \_\_\_\_\_ **Degree:** \_\_\_\_\_

2. This Student will not be able to complete the program of study by the expiration date on their current I-20 as a result of: *(Please check **all** that apply.)*

- Change of Major
- Courses required for Major were not offered
- Additional Prerequisites Required
- Other Academic Reasons: *(Explain)* \_\_\_\_\_

- Documented Illness *(Medical Documentation from a Licensed Medical Doctor, Doctor of Osteopathy or Licensed Clinical Psychologist must be attached.)*

3. Expected Degree Completion Date: *(Month/Year)* \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Department \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### For International Programs Use Only

# of Credits \_\_\_\_\_ Class Standing \_\_\_\_\_ GPA \_\_\_\_\_  
Academic Standing \_\_\_\_\_ SEVIS Notification by *(initials)* \_\_\_\_\_ Date \_\_\_\_\_