



## Graduate F-1 Program Extension Request Form

Immigration regulations require you to file for an extension when you are not able to complete your program of study by the date that appears on your current Form I-20 (see Program of Study section on page 1 your I-20 for the program end date). Program extensions are only granted when the reason for the delay in completing the program is due to compelling academic or medical reasons. You must apply for a program extension and be issued a new I-20 BEFORE your current I-20 expires.

From the Federal Code of Regulations:

*"An F-1 student who is unable to meet the program completion date on the Form I-20 may be granted an extension by the DSO if the DSO certifies that the student has continually maintained status and that the delays are caused by compelling academic or medical reasons, such as changes of major or research topics, unexpected research problems, or documented illnesses. Delays caused by academic probation or suspension are not acceptable reasons for program extensions. A DSO may not grant an extension if the student did not apply for an extension until after the program end date noted on the Form I-20" (8 CFR 214.2[f][7][iii]).*

To request a program extension, you must complete ALL of the following steps before the program end date on your current I-20:

1. Complete section 1 of this form.
2. Make an appointment with your program manager and have them complete section 2 of this form.
3. Turn in the completed form at an appointment with an ISAP advisor.
4. If the extension is approved, the ISAP office will give you a new I-20 with an updated program end date.

Please keep in mind that it can take some time to complete this process. We recommend starting the program extension process AT LEAST 30 days before your I-20 expires.

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### Section 1: To be completed by student

Name: \_\_\_\_\_ CCA Email: \_\_\_\_\_ SEVIS #: \_\_\_\_\_

Student ID: \_\_\_\_\_ Program: \_\_\_\_\_

Current Program End Date (see Program of Study section of your I-20): \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Have you previously applied for a program extension at CCA: YES NO

If yes, please give the reason you applied: \_\_\_\_\_

Please sign below to certify that you understand that it is your responsibility to complete the program extension request in a timely manner to ensure that there are no interruptions of your F-1 status. By signing below, you are also agreeing that if you cannot complete your program by the term listed by your academic advisor in section 2 of this form, you will contact the ISAP office as soon as possible.

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

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**Section 2: To be completed by the program manager**

*Program managers, please fill out this form completely and sign at the bottom.*

Student name: \_\_\_\_\_ CCA ID: \_\_\_\_\_

1. This student needs more time to complete their studies than was estimated on the I-20. The reason(s) for the delay is/are:

- Change in thesis or research topic
- Delay in research
- Inability to complete major course sequence as originally planned (program manager explanation required below)
- Previously approved Reduced Course Load
- Medical (ISAP will collect documentation)

Comments: \_\_\_\_\_

2. Making Normal Progress (Please refer to the Graduate Programs & Policies section of the Student Handbook.)

a. Please answer the question that applies to this student's program:

i.  Student is in an MFA program that uses only P/F grades.

Has this student received more than two 'Fs' in his/her coursework: YES NO

ii.  Student is in a program that uses letter grades.

Does this student have a cumulative GPA of at least 2.66: YES NO

b. Has this student previously been on academic probation: YES NO

c. Is this student currently on academic probation: YES NO

d. Do you consider this student to be making normal progress towards his/her degree: YES NO

3. Does this student's program have a required internship: YES NO

If YES, has the student enrolled in the required internship course: YES NO\*

\*If NO, please explain why not: \_\_\_\_\_

4. Upon review of the transcript, this student has \_\_\_\_\_ credits remaining at this time (including credits for classes currently in progress), and could reasonably be expected to complete all degree requirements by \_\_\_\_\_.  
*expected term of graduation*

Program Manager Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Program Manager Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_