



REQUEST TO EXTEND PROGRAM COMPLETION DATE

Student section: Student completes this section only

UT ID # I-20 Expiration date:

Last Name: First Name:

Please make an appointment with your academic advisor to discuss the academic reasons (not financial and not employment-related) why an extension of the completion date on your I-20 is needed. The extension must be granted before the end date of your current I-20. If it is not, you will be required to apply for reinstatement.

Academic Advisor Section: Advisor completes this section only

Important: The information you are providing on this form has a direct bearing on the student's immigration status. Should any action by a school come under question by an immigration officer, the school must provide documented reasons why the action was taken. Please complete this form with care and as soon as possible since the extension must be recorded in the SEVIS system prior to the current expiration date which the student has given above.

This student has indicated that he (she) is unable to complete his (her) program of study in the normal amount of time. Immigration regulations require the school to indicate the **academic** reasons, beyond the student's control, causing the student to be unable to complete the program in time. Such reasons as the student the student had certain pre-requisite courses, the student changed his major, or the student had difficulties with thesis or dissertation research are acceptable academic reasons. If illness caused the delay in completion of studies, the student must present a letter from his physician to OIE for evaluation.

Personal reasons such as elective internships, additional courses beyond requirements of degree, or financial reasons such as an offer of a continuing assistantship, or postponing graduation because of future H-1 application restrictions are reasons for an extension which are not accepted by immigration.

In the space below, please indicate the date the student can reasonably be expected to complete the program of study and graduate. Please give a full explanation of the academic reasons why this student requires more time to complete his program:

I request that this student's program completion date be extended to _____

Credit Hours Remaining

For the following academic reasons:

Academic Advisor Name: <input type="text"/>	Department: <input type="text"/>
Email: <input type="text"/>	Phone #: <input type="text"/>
Signature: <input type="text"/>	Date: <input type="text"/>