

REQUEST FOR PROGRAM EXTENSION FORM

SECTION I: TO BE FILLED OUT BY THE STUDENT

Complete Name:
SEVIS ID #:
Lewis ID #:
Lewis email address:
Current I-20 end date:
Have you submitted an I-20 extension request before? <input type="checkbox"/> Yes <input type="checkbox"/> No

I am including my most recent bank statement

I have filled out and included the financial affidavit of support form

Student acknowledgement:

- I have read the instructions provided and certify that all information and supporting documents are accurate.
- I understand that I must apply for I-20 extension at least 30 days prior to my current I-20 program end date.
- I understand that extensions are only approved for up to one year at a time and that I must re-apply for another extension if I cannot complete by the new program end date listed on my I-20.
- I understand that this extension request form and all supporting documents will be made available to the United States Citizenship and Immigration Services (USCIS) or Department of State (DOS) upon their inquiry or in the case of an audit.

SIGNATURE OF STUDENT:	DATE SIGNED:
-----------------------	--------------



A Catholic and Lasallian University

**OFFICE OF INTERNATIONAL STUDENT
AND GLOBAL SCHOLAR SERVICES**

SECTION II: TO BE COMPLETED BY THE ACADEMIC ADVISOR

IMPORTANT: The above-named student is applying for an extension of his/her I-20 to maintain valid status while completing his/her degree program. Federal regulations allow only certain compelling academic or medical reasons for a student to extend the F-1 status. Delays caused by poor performance, academic probation, suspension, or CPT (internships) are not allowed by regulation. The SEVIS system allows a maximum one-year extension.

1. Minimum number of required credits for completion: _____
2. Academic credits achieved to date (including current semester): _____
3. Total number of credit hours left required in period of the I-20 extension: _____
4. Has the student ever been on academic probation? YES NO
5. Expected degree completion: Fall Spring Summer Year: _____
6. Delay in completion caused by (please check all that apply):
 - Change in major/ program
 - Lost credits upon transfer to Lewis University
 - Change in research topic
 - Medical reasons (medical documentation is required)
 - Other (explain or attach explanation): _____
7. If the student above indicated that they have submitted an I-20 extension before, please provide detailed information explaining why another extension is necessary.

Academic Advisor Acknowledgement:

- I have reviewed and recommend the above request. I certify that the information provided on this form is accurate in conformance with applicable departmental, college, and university policies, and is in the best interest of the student’s successful academic progress. I concur that a valid academic reason as indicated above exists and that the student should be granted an extension to complete their degree.

Advisor signature:	Date:
Advisor name:	Title:
Department:	Extension:

Return this signed form to: International Student and Global Scholar Services Office. Email: ISGSS@LEWISU.EDU