Application for Extension of Academic Program and I-20 Form

The end date on a student’s I-20 form is determined by the academic department’s estimate of the length of time an average student needs to complete the program. According to Federal Regulations, students who are studying in the U.S. in F-1 visa status may only extend their program prior to the end date on their I-20. Furthermore, the delay in completion of studies must be shown to be “caused” by compelling academic or medical reasons such as changes of major or research topics, unexpected research problems, or documented illness.

To be completed by the student:

I am requesting an extension of my I-20. I realize that I must submit original financial documentation to show proof of funding for the extended stay in the U.S. and submit this completed form in order to obtain the new I-20. I understand that I must complete this process in a timely manner so that I can obtain the I-20 with the new date before the current end date on my I-20.

Student Name: _________________________________________________________________

Student Signature: ________________________________ Date: _________________________

To be completed by the Academic Advisor:

Please describe below the compelling valid academic reasons why the student’s program cannot be completed within the allotted time.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Below, please be sure to give the new expected date of completion. This date will serve as the student’s new program end date. If there is uncertainty between an earlier or later date, please use the latter option, since a program may be shortened if the student finishes earlier than expected.

New Expected Date of Completion: ________________________________________________

Advisor’s Signature: _______________________________________________________________________

Advisor’s Name (please print): ____________________________________________________________________ Date: ____________________

INTERNATIONAL STUDENT SERVICES

College of Saint Benedict
37 South College Avenue  P 320-363-5904