

REQUEST FOR I-20 EXTENSION



Students in F-1 status are required by federal regulations to complete their studies by the end date listed on the I-20 or request an extension before the expiration date. Extensions must be requested before the program end date. Failure to finish the course requirements or request an extension of the I-20 before the program end date may result in termination of the I-20. Requests for extensions will be evaluated by an immigration advisor.

Please complete the form below and have your academic advisor complete page 2.

Family Name _____

Given (First) Name _____

A-State ID # _____

SEVIS (I-20) Number _____

Major _____

Level of Study ESL Bachelor's Master's PhD

Expected Completion Date _____

Name of Academic Adviser _____

Why do you need an extension?

Signature

Date

For office use only:

Reviewed by:

Request is:

Approved

Denied

Bank statement provided

Yes No

Comments:

APPLICATION FOR I-20 EXTENSION



Student Name: _____

A-State ID #: _____

*This section to be completed by the student's academic adviser.

The student named above holds an F-1 student visa and a Form I-20 immigration document. The student is required by Department of Homeland Security regulations to extend the I-20 if they will be unable to complete their studies by the specified date. In order to evaluate the student's eligibility for an extension, the Office of International Programs will need information regarding the student's academic status. Please complete the below information and return to the OIP at your soonest convenience. Thank you for your assistance.

1. Is the student currently in good academic standing? Yes No
2. Has the student been making normal academic progress? Yes No
3. Has the student ever been suspended or taken less than full time hours? Yes No
4. Please indicate below the reason(s) the student has been delayed in completing their studies.
 - Was required to complete graduate deficiency courses
 - Research problems/change of research topic
 - Loss of credits upon transfer to ASU
 - Difficulty with English/American educational methods
 - Medical condition/illness (student must provide doctor's note)
 - Other compelling academic reason (please attach a letter of explanation)
5. Do you recommend a program extension? Yes No
6. Please indicate the semester and year student will complete all course requirements _____

Academic Adviser's name (Print)

Date

Signature

Email address