

**ACADEMIC ADVISOR APPROVAL FOR I-20 PROGRAM EXTENSION**

**INSTRUCTIONS:** If you would like to extend your I-20 **BEFORE** the document expires, complete Section A. Then submit this form to your academic advisor, who will complete Section B. After your advisor completes the form, he/she will return it to the International Division.

**Section A. To be completed by student:**

Family Name \_\_\_\_\_ Given Name \_\_\_\_\_

Telephone # \_\_\_\_\_ - \_\_\_\_\_ Major: \_\_\_\_\_

Degree Level (*circle one*):    **Bachelors**                      **Masters**                      **Doctorate**                      **Non-Degree**

What is the expiration date on your current I-20? \_\_\_\_\_

**Section B. To be completed by Academic Advisor:**

The international student, whose name appears above, wishes to apply for an extension of time originally allocated on his/her I-20. **Please complete this form and return to the International Studies Advisor in the International Division.**

1. Number of Credits Required for Degree: \_\_\_\_\_                      2. Number Student Has Earned: \_\_\_\_\_

3. Semester and Year expected to complete program of study (month/year): \_\_\_\_\_

4. Is this student making normal progress toward his/her current degree?                      **Yes**                      **No**

5. Do you recommend this student be given additional time to continue his/her studies?                      **Yes**                      **No**

6. This student has not yet completed the current program of study due to (*check most appropriate*):

\_\_\_\_\_ Delay caused by a change in major field of study

\_\_\_\_\_ Delay caused by a change in research topic

\_\_\_\_\_ Delay caused by unexpected research problems

\_\_\_\_\_ Delay caused by documented illnesses

\_\_\_\_\_ Other (*please explain on the reverse side of this form*)

**DELAYS CAUSED BY ACADEMIC PROBATION OR SUSPENSION ARE NOT ACCEPTABLE  
REASONS FOR PROGRAM EXTENSIONS.**

***I endorse and recommend this student's I-20 be extended to the date I have provided.***

Advisor's Printed Name: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_