

Program Extension Form

Academic Advisor's Recommendation

Name: _____ CSU ID#: _____
Last First

Date Current I-20 Will Expire _____ Email _____ Phone _____

☐ Bachelor's ☐ Master's ☐ Ph.D. Major: _____

TO BE COMPLETED BY THE ACADEMIC DEPARTMENT:

The student listed below has informed the Office of International Programs (OIP) that he/she requires additional time to complete his/her program. U.S. Citizenship and Immigration Services (USCIS) will permit our office to extend a student's program completion date for **compelling** academic or medical reasons [8 CFR 214.2 (f) (7)]. Delays caused by academic probation or suspension are not acceptable reasons for program extension.

Before a program extension is processed by OIP, the student must provide detailed written documentation from his/her academic advisor, explaining the reason for additional time. This information is necessary for the student to maintain valid F-1 status. Please return the completed form to OIP, Cordell Reed Student Union Building, 240.

To be eligible for a program extension, the student must be engaged in full-time academic work. In the space provided, describe the reasons that justify additionally full-time study in the program. Use the back of this form if additional space required or attach documentation that supports this request.

The student has not completed the current academic program as a result of:

☐ Change in major from _____ to _____,

Requiring addition _____ # of credits

- ☐ Change in thesis or dissertation research topic (please explain in detail the progress on thesis/dissertation)
- ☐ Unexpected research problems (Please explain in detail the nature of the problem and proposed course of action)
- ☐ Documented illness (Please include a doctor's note, if not already submitted. Documentation must be on file in OIP)
- ☐ Delay in completion of program due to English Language requirement
- ☐ Other _____ (for review by OIP)

Based on the information provided, the student's recommended new completion date is:

NEW COMPLETION DATE: _____/_____/_____
MM DD YY

Name of Academic/Faculty Advisor Signature Phone Date

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