

## PROGRAM EXTENSION APPLICATION FOR F-1 AND J-1 STUDENTS

## IMPORTANT: STUDENT SHOULD READ IN FULL.

- You may apply for a program extension in the final term before your I-20 or DS-2019 expires.
- You must apply for an extension BEFORE your document expires. Otherwise you will need to depart the U.S.
- ISS needs 5 business days processing time—it is important to apply in a timely manner.

## STUDENT COMPLETES THIS SECTION:

| Name:  | lame:  |                                 |                                 | Birth Date (mm/dd/yy):              |                                |                             |   |        |
|--|--|---------------------------------|---------------------------------|-------------------------------------|--------------------------------|-----------------------------|---|--------|
| Major:<br>Email:                                 | •  |                                 |                                 | Degree Level:<br>Phone:             | Bachelors                      | Masters                     | Doctorate                                   | JD     |
| IMPORTANT: ACADEMIC ADVISOR SHOULD READ IN FULL. |  |                                 |                                 |                                     |                                |                             |   |        |
| The info<br>justifica<br>signing<br>studies      |  | extension reque<br>ommending th | est. Every que<br>at the studen | ry must be com<br>t above be allov  | iplete for pro<br>ved addition | gram exter<br>al time to co | curity as<br>nsion approva<br>omplete their | al. By |
| ACADEMIC ADVISOR COMPLETES THIS SECTION:         |  |                                 |                                 |                                     |                                |                             |   |        |
| 1.   | Advisor Name:  |                                 |                                 |                                     |                                |                             |   |        |
| 2.   | Role at the University:  |                                 |                                 |                                     |                                |                             |   |        |
|  | Advisor's Relationship to Student (academic advisor, thesis/dissertation advisor, graduate director, etc.):  |                                 |                                 |                                     |                                |                             |   |        |
| 4.   | Advisor's Email Address:   |                                 |                                 | 4. Advisor's Phone Number:          |                                |                             |   |        |
| 5.   | Please indicate whic<br>Fall   | h semester an<br>Spring         | d year the sto<br>Summer        | udent will grad<br>Yea              |                                |                             |   |        |
| 6.   | If a graduate student, list the student's expected defense date:   |                                 |                                 |                                     |                                |                             |   |        |
| 7.   | Is this student making normal progress towards degree completion? Yes No   |                                 |                                 |                                     |                                |                             |   |        |
| 8.   | For what reason does this student need a program extension? Change in academic major/program  Compelling Medical Reason (Documentation Required)           |                                 |                                 |                                     |                                |                             |   |        |
|  | Change in research to  | pic                             |                                 | Transfer to US                      | C caused stu                   | dent to los                 | e credits                                   |        |
|  | Unexpected research problems   |                                 |                                 | Other (please explain in #9, below) |                                |                             |   |        |
| 9.   | [REQUIRED] Please <u>state specifically</u> what remains to be completed on the thesis or disserta AND/OR what courses remain for the student to complete: |                                 |                                 |                                     |                                |                             |   |        |
|  |  |                                 |                                 |                                     |                                |                             |   |        |
|  |  |                                 |                                 |                                     |                                |                             |   |        |
|  |  |                                 |                                 |                                     |                                |                             |   |        |
|  |  |                                 |                                 |                                     |                                |                             |   |        |

Advisor Signature: Date of Signature: