

I-20 Program Extension

The I-20 extension is intended for an F-1 student who is not able to complete all of their degree requirements for graduation by the program end date as listed on item #5 of their I-20. You may request an extension in order to obtain more time for completion of your degree. You may lose your F-1 status and all F-1 benefits if:

- You fail to apply for a program extension before your I-20 expires even if you have valid reasons
- You apply for a program extension in a timely manner but do not meet the requirements for an extension

Eligibility

- You must have continually maintained full-time status
- The extension must be supported by either compelling academic or medical reasons
- The application for your extension must be submitted within 90 days prior to the expiration of your current I-20
- Extensions are granted for a maximum of one year at a time. If any additional time is needed, another request will need to be submitted at a future date.

Required Information for Request

In order to request an extension, you will need to submit the following to the GEO:

- Program Extension Request form, completed and signed by student and advisor
- Copy of Passport, Visa, and I-94
- Proof of Financial Support documents, if requested

Extension request must be submitted no less than 2 weeks prior to the expiration of your current I-20. If your request is approved, the GEO will update your F-1 record and issue an I-20 with an updated expiration date. You will receive an email to inform you when the I-20 is updated and ready to be picked up.



Program Extension Request

Name: _		Student ID Number:
SU Ema	nil:	Phone Number:
Current	US address:	
What is your current I-20 program end date?		
Are you traveling outside of the US soon? No Yes Not Sure If yes, when are you traveling?		
		ORTANT** Samford University and within 90 days prior to my
☐ I will have the financial support to cover the cost for each academic period I am enrolled at Samford University.		
My signature below certifies that I understand the above statements and that I am hereby requesting an I-20 program extension due to academic or medical reasons.		
Student	Signature:	Date:
	Academic Advi	sor Recommendation
Student's	s field of study:	Degree Level:
Reason for delay in student's program (check all that apply): Change in major or field of study Loss of credits upon school transfer Inadequate time on original I-20 to complete program requirements Unexpected pre-requisite course work Documented Medical Condition Other/Remarks:		
-		
Student is expected to complete their academic program by, 20		
Advisor Name: Date:		Date:
	Program Extension Request appro	By (name) apdated on (date) printed on (date)