



**PROGRAM EXTENSION REQUEST AND RECOMMENDATION FORM FOR STUDENTS IN F-1 STATUS**

F-1 Students who will not complete their program of study by the ending date on their I-20 need to request a program extension from the Office of Graduate Studies International Student Services within 60 days before the I-20 expires. **You CANNOT extend your program solely for CPT if you have completed all the required courses for your degree.** A student must have a compelling academic or medical reason in order to extend their I-20. It is the student's responsibility to monitor their I-20 completion date and begin the process of the program extension by taking the form to the academic advisor for approval and then to the DSO for Graduate Studies.

Process:

1. Access the fillable form on the Graduate Studies webpage.
2. Click on International Student Services and choose "Program Extension Request."
3. Complete and submit this request form to your academic advisor for approval and then to the DSO.
4. If you are eligible for a program extension, you will be issued a new I-20.

Student Name: \_\_\_\_\_  
First Name Last Name

ASU ID: \_\_\_\_\_ Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Current Program End Date on I-20 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Request: \_\_\_\_\_  
Month Day Year

**To be completed by Program Academic Advisor (must be completed by Advisor or cannot be processed)**

Student's Program of Study: \_\_\_\_\_

The student experienced a delay in his/her program completion due to the following reason(s): (Check all that apply)

- Change in curriculum requirements
- Inadequate time on original I-20 to complete program requirements
- Unable to enroll in a required program course
- Required to complete Thesis or Research Project for degree completion
- Insufficient academic progress
- Student qualified for a reduced course load due to a medical condition
- Other \_\_\_\_\_

Otherwise, the student is making normal progress towards his/her program completion.

Student is expected to complete his/her program by: \_\_\_\_\_ Semester Year

Advisor Name: \_\_\_\_\_

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

**Academic Program Extension Approval**

I have reviewed the academic record of this student and the recommendation of the advisor.

Approved  Denied Date: \_\_\_\_\_

DSO Name \_\_\_\_\_ DSO Signature \_\_\_\_\_