

STUDENT INFORMATION

STU ID _____

Last / Family Name

First / Given Name

E-mail Address

Telephone Number

Current I-20 End Date

Anticipated Graduation Date

Please answer the following:

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I maintained full-time enrollment throughout my academic program |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I am making normal progress towards completion of degree program |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I require an extension due to academic dismissal or suspension |

Submit this form along with the following:
Proof of funding, as needed
Dependent information, if applicable

STUDENT Signature: _____ Date: _____

TO ACADEMIC ADVISOR

To be completed by the Academic Advisor, Department Chair, or Dean. If the department or school will provide continued funding (tuition scholar, stipend, health insurance coverage, etc.) through the requested extension period, please attach a letter outlining the continuation of support.

Student's anticipated completion date: _____
Describe why the student's program could not be completed within the allotted time: _____

Check All That Apply

- | | | |
|---|--|---|
| <input type="checkbox"/> Change of major | <input type="checkbox"/> Change of academic degree level | <input type="checkbox"/> Change of research topic |
| <input type="checkbox"/> Unexpected research problems | <input type="checkbox"/> Original length of program was insufficient | |
| <input type="checkbox"/> Other, please explain | | |

Advisor Signature: _____ Date: _____
Advisor Name & Title: _____ Phone: _____
I-20 EXTENSIONS FOR DOCTORAL STUDENTS BEYOND 6 YEARS OF STUDY REQUIRE SIGNATURE AUTHORIZATION FROM DEAN OF SCHOOL
DEAN OF ACADEMIC SCHOOL SIGNATURE: _____ Date: _____