

I-20 Expiring?

Program Extension

For F-1 Students

When is A Program Extension Needed?

Refer to item 5 on the I-20 to determine the date by which your studies are to be completed. An F-1 student who does not complete his or her educational program by the completion date noted in item 5 on his or her most current, valid I-20 must apply for a *Program Extension*.

Who is Eligible?

Any F-1 student who has continually maintained status, is making normal progress and who has a compelling academic, medical or other reason for not completing the educational program by the completion date (#5) on the I-20 is eligible for a Program Extension. A "compelling reason" may include such things as a change of major or research topic, unexpected research problems, or a documented illness, which has interfered with full-time study. *Academic suspension* and *probation* are **not** considered acceptable reasons for a Program Extension.

When to Apply

You need to apply for an extension **prior** to your current I-20 expiring. The expiration/completion date can be found in item 5 on your I-20. If you don't apply prior to your current I-20 expiring, you will be considered out of status.

How to Apply

Handouts and forms mentioned below can be picked up in the ISSS office, 2 Strong Hall, or can be downloaded from our website at:

<http://www2.ku.edu/~issfacts/>

1. Complete Section A of the form on the reverse side of this handout.
2. Have your academic advisor verify your expected date of completion and the need for an extension by completing Section B of the form on the reverse side of this handout.
3. Meet with an international student advisor to submit your application for a program extension. Allow 30 minutes. You may make an appointment (any morning Tuesday-Friday) by calling (785) 864-3617 or come in during walk in hours from 1:30-4:00pm Monday-Friday. Please bring the following with you:
 - a. the completed **F-1 Program/I-20 Extension Form**,
 - b. **proof of finances** for the period of the extension requested

Reference: 8 CFR 214.2 (f)(7) EOS

F-1 PROGRAM (I-20) EXTENSION REQUEST

Section A: TO BE COMPLETED BY STUDENT

Name Exactly as in Passport _____ KUID# _____
Surname/family name(s) Given name(s)

Phone _____

Mailing Address (only if requesting I-20 to be mailed)

F-2 Dependents accompanying you in the U.S.

Surname Given name
1. _____
2. _____
3. _____

Street Address
City State/Province Postal Code Country

Section B: TO BE COMPLETED BY ACADEMIC ADVISOR

Please read "Who is Eligible" on reverse side before signing.

1. Educational Level: AEC Only Bachelor Master Doctorate 2. Major: _____
3. Term in which ALL degree requirements are anticipated to be completed (date in parenthesis will be new end date on the I-20):
 Fall 20____ (12/31) Spring 20____ (5/31) Summer 20____ (8/1)
 Within the initial week(s) of _____ term 20____ before enrollment is required (date varies each term)
4. Reason extension is needed ("needs more time" is an insufficient reason): _____

I verify that the information above is correct and complete. This student is making normal progress toward the completion of his or her degree, and I recommend this student's stay be extended as indicated above.

Academic Advisor's Signature: _____ Date: _____

Name (typed or printed): _____ Phone: _____

Department: _____ E-mail: _____

Section C: Source of Funding for Requested Period of Extension

- Personal Funds:** (attach proof: bank statement or letter, etc.)
- The University of Kansas:** (must be signed by appropriate KU department)
 GTA GRA Lecturer
Department/School Employed by: _____
FTE%: 50% 40% 30% 25% 20% Other _____
Term(s): Fall 20____ Spring 20____ Summer 20____
Total Salary for period of appointment indicated above: \$ _____
Tuition/Fee benefits in addition to salary (can check more than one):
Tuition: Student gets Full Tuition Paid (pays no tuition) or Student pays own tuition at In-State Rate
Fees: Student gets All Fees Paid or Student gets Partial Fees Paid (specify) _____
 Other _____
Likely Renewable? Yes No
- Scholarship/Fellowship** Amount \$ _____ Funds provided by: _____ (dept./school)
Dept Signature _____ Name _____ Phone _____
- Other, including Family Funds** (must attach proof): Amount \$ _____ Source _____