

PROGRAM EXTENSION FORM

First Name _____

Last Name _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Email _____

Current I-20 End Date : _____

Please Check the source of Funding:

Self- funding

Sponsored

MSU- funding

Other: _____

Student Signature _____ Date _____

Section B : To be completed by Student academic advisor

Note to the Academic Advisor: The above-named student has requested an extension of the time limit for the length of study of the F-1 nonimmigrant student. The purpose of this form is to provide information required by US Citizenship and Immigration Services (USCIS). An

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extension cannot be recommended to provide additional time to complete any “incomplete” course(s). Additional course(s) must count toward a degree, including any course(s) applied toward more than one major or concentration.

- 1. The above named student has been and continues to be enrolled in a full course of study and is making normal academic progress in his/her academic program:** Yes No

Federal regulations require F-1 students to enroll in a full course of study each semester. Undergraduates must be enrolled for a minimum of twelve credits per semester; graduate students are required to enroll for a minimum of nine credits per semester. Graduate students in dissertation status are considered to be full time.

- 2. I anticipate this student will complete all requirements for the degree on or about:**

Month

Day

Year

- 3. This student has not yet completed the current program of study due to (please check all reasons which apply and provide further explanation below):**

Delays caused by a change of major of study

Delays caused by a change in research topic

Delays caused by unexpected research problems

Delays caused by lost credits upon transfer to MSU

No unusual delay—the original length of time given to complete studies was not sufficient

Other _____

- 4. I therefore recommend that this student be allowed the additional time necessary to complete the academic program.**

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Academic Advisor's Name & Title: _____
School/Department: _____ **Email:** _____
Advisor Signature: _____ **Date:** _____

Section C: To Be Completed by DSO

Date Received: _____
Date I-20 Extended: _____ **By:** _____