

INTERNATIONAL STUDENTS SERVICES  
2400 6<sup>TH</sup> STREET, NW. ADMINISTRATION BUILDING, #G10  
WASHINGTON, DC 20059  
TEL: 202-806-2777/2775

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**PROGRAM EXTENSION CERTIFICATION FORM**

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An F-1 student is admitted to the U.S. for "duration of status" to complete an educational program. However a student must remain in an educational program beyond the date originally estimated for completion of the program (as stated by item 5 on the initial I-20 from issued to begin the program) the student must comply with USCIS procedures for program extension. An F-1 student is eligible for program extension if he or she (1) has continually maintained F-1 status in accordance with USCIS regulations and (2) delay in completion is caused by compelling academic or medical reasons.

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**TO BE COMPLETED BY STUDENT**

Family Name \_\_\_\_\_ Given Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State and Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_  
Degree Major \_\_\_\_\_ Level (Circle One) BA/MS MA/MS Ph.D. CERT.  
Servis #: \_\_\_\_\_ Immigration Status \_\_\_\_\_ Expiration Date \_\_\_\_\_

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**TO BE COMPLETED BY ACADEMIC ADVISOR OR DEAN**

*Please note that program delays caused by academic probation restrictions or academics suspension cannot be considered in determining eligibility for program extension. For questions concerning an individual student, please contact the Director or Assistant Director of International Student Services for assistance.*

I request that this student receive additional USCIS authorized time to complete his or her program because he or she has:

- \_\_\_\_\_ Changed majors and must take additional courses to meet graduation requirements for the new major.
- \_\_\_\_\_ Changed research topics for the master's thesis or doctoral dissertation.
- \_\_\_\_\_ has encountered significant setbacks in conducting experiments or collecting data for the master's thesis or doctoral dissertation.
- \_\_\_\_\_ has had a significant and documented medical illness which caused unavoidable delays in completing the program.

His or her new program completion date is \_\_\_\_\_. (Please specify a completion date, e.g. 12/14)

\_\_\_\_\_  
Advisor's Name - Please Print                      Advisor's Signature                      Date

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**Do not write here**

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ International Student Advisor \_\_\_\_\_

Comments \_\_\_\_\_ Date \_\_\_\_\_