

## Program Extension Request

To qualify for a program extension F-1 students must meet the following requirements:

1. The expiration date of the I-20 has not yet passed
2. Continuously maintained the F-1 student status
3. The delay in completion of program must be due to one of the following reasons
  - Compelling academic reason (change of major)
  - Compelling medical reason (documentation is required from US licensed medical physician)
4. Must have sufficient funds to cover the additional time needed to complete program requirements
- 5.

Note: Delays caused by academic probation or suspension are not acceptable reasons for a program extension.

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

Family Name

First (Given)

Middle

Current expiration date on I-20: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

Do you have any F-2 dependents? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you already applied for graduation? \_\_\_\_\_ Yes \_\_\_\_\_ No

### Statement of Financial Ability

Indicate the funding sources used to support you and your dependents and supply the appropriate financial documents (check all that apply):

\_\_\_\_\_ From personal or family funds

\_\_\_\_\_ Financial support from government agency, private foundation, or other organization

I certify that I will be responsible for the total cost for each year of study at SAU Tech, including expenses associated with my dependents.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### To be completed by your Academic Advisor

Student's field of study: \_\_\_\_\_ Degree level: \_\_\_\_\_

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

\_\_\_\_\_ Change in major or field of study

\_\_\_\_\_ Inadequate time on original immigration document to complete program requirements

\_\_\_\_\_ Medical condition

Is the student making normal progress toward his/her educational objective? \_\_\_\_\_ Yes \_\_\_\_\_ No

Student is expected to complete his/her education objective by: \_\_\_\_\_ semester, 20\_\_\_\_

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

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

Official use only

Updated on: \_\_\_\_\_