I-20 Program Extension Request Form

International students are admitted to the U.S. for "duration of status" (D/S) to complete their educational program. However, the student must actually complete their program before the program end date indicated in SEVIS (this is annotated on the student's I-20). A student who will not complete their academic program by that date must apply for an I-20 extension before their I-20 program end date.

An international student who fails to apply an extension before their I-20 program end date is considered out of status and is not eligible for an extension.

To be completed by the student:

Personal Information	
Metro State ID #:	Date of Birth: ____(*month*)/____(*day*)/_____(*year*)
Last Name(*surname*):	First Name(*given*):
Personal Email:	U.S. Phone number:
Physical Address in MN:(*Please verify your address <u>here</u> and type exactly as you see it on the website*)	
Street Address:	Apt/Suite/Other:
City: State:	ZIP Code:

Program Information	
Level of Study: (*Undergraduate/Bachelors*) (*Graduate/Masters*)	
Major of Study:	
1st Term at Metro State:(semester/year) Current I-20 End Date:	

To be completed by the student's academic advisor:

Reason for Extension Request
Change of Major   Change of Research Topic   Unexpected Research Problems
Documented Illness   Inadequate Time Granted on Initial I-20
Has the student ever been on academic probation or suspension?   Yes   No   If yes, when?
How many credits does the student have left to complete their degree requirements?
What is the student's new recommended degree conferral date?
By signing below, I certify that the student is making normal progress towards their educational objective and that the delay in completion is caused by compelling academic, documented illness, or inadequate time granted in their initial I-20. I have verified that the information provided is true and accurate according to my review of the students DARS/GELS report.
Signature: _____   Date: _____

Please use Page 2 of this form to complete the student's Program Completion Plan.

Program Completion Plan

To be completed by the student's academic advisor:

Semester/Year: _____

	Course Title & Number	Credits
1		
2		
3		
4		
5		
	Total	

Semester/Year: _____

	Course Title & Number	Credits
1		
2		
3		
4		
5		
	Total	

Semester/Year: _____

	Course Title & Number	Credits
1		
2		
3		
4		
5		
	Total	

Semester/Year: _____

	Course Title & Number	Credits
1		
2		
3		
4		
5		
	Total	

Semester/Year: _____

	Course Title & Number	Credits
1		
2		
3		
4		
5		
	Total	

Semester/Year: _____

	Course Title & Number	Credits
1		
2		
3		
4		
5		
	Total	

Semester/Year: _____

	Course Title & Number	Credits
1		
2		
3		
4		
5		
	Total	

Semester/Year: _____

	Course Title & Number	Credits
1		
2		
3		
4		
5		
	Total	