

## F-1 Extension of Program

The program end date listed on your Form I-20 corresponds to the normal length needed to complete your degree requirements through full-time study. In the event you are unable to complete your degree by the given program end date, you need to apply for and be approved for an extension before your current I-20 expires. Submit this form at **least two weeks** before the expiration date. Failure to extend your I-20 by the expiration date will cause you to be in violation of your F-1 status. You may only extend your program up to one year at a time. Should you need more time, you will have to apply for another extension.

### Eligibility Requirements

In order to be eligible to receive a program extension you **MUST**:

- Be in valid F-1 status; your SEVIS I-20 has not already expired
- You must demonstrate that you have a compelling academic or medical reason that necessitates the I-20 extension. Delay in completing academic program requirements has been caused by (a) compelling academic reasons; or (b) compelling and documented medical reasons. Note: Delays caused by academic probation or suspension is not an acceptable reason for a program extension.

### Application Process

**Submit the following documents to an ISSS advisor by appointment.**

- Completed **I-20 Program Extension Request**. You will need to meet with your academic advisor to verify the reason(s) and length of program extension.
- Complete the [Declaration of Finances](#) form. Submit financial documentation (i.e. bank letter or statement, in English, account balance in U.S. dollars). You must provide evidence of financial support to cover one academic year of expenses. If you are extending your program for only one semester, you may provide proof of finances for half of the required cost of attendance.
- If you are requesting an extension because of a medical reason, submit a letter from your medical doctor detailing the nature of your condition, how this affects or has affected your studies and to complete your degree on time. It may be difficult to get an approval if you have been previously approved for a reduced course load for medical reason.

**ISSS processing time is 1-15 business days. If your request for an extension is approved a new I-20 will be issued. ISSS will contact you via email to pick-up your document.**

**I-20 Program Extension Request**

<b>SECTION A. Student Information</b> To be completed by F-1 student			
Family/Last Name(s):		Given/First Name(s):	
SJSU ID:	SEVIS ID:	Email:	Telephone:
<b>Current Residential Address</b>			
Street Name:			
City:	State:	Zip Code:	
<b>Number of Program Extension Request</b> (check one): <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third			
Student Signature:		Date:	
<b>Section B. Academic Department Certification</b> To be completed by student's academic advisor			
<b>Undergraduates:</b> This section must be completed by an academic or major advisor in the Department requiring additional coursework. <b>Graduates:</b> This section must be completed a faculty, graduate advisor, or Chair of the department. <b>Program Completion Date</b> is defined as the last day of final exams or day all final requirements are completed.			
Current Form I-20 Expiration Date:		New Expected Graduation Term:	
<b>This student is making normal academic progress towards degree completion. A program extension is needed due to the following reason(s).</b> Check all that apply.			
<input type="checkbox"/> <b>Medical Reason.</b> Student is to provide a letter from a medical doctor (M.D.) in support of a program extension.			
<input type="checkbox"/> <b>Academic Reason(s):</b>			
<input type="checkbox"/> A change in research topic <input type="checkbox"/> A change of major <input type="checkbox"/> Added a second major or minor <input type="checkbox"/> Unexpected research or project related delay <input type="checkbox"/> Other, please explain:			
Advisor's Name:	Title:	Telephone #:	Email:
Signature:		Date:	
<b>ISSS Staff Only</b> Received Date:	<b>DSO VERIFICATION</b> <input type="checkbox"/> Academic Standing <input type="checkbox"/> Term Activation <input type="checkbox"/> Declaration of Finance <input type="checkbox"/> Financial documentation <input type="checkbox"/> Regular Program <input type="checkbox"/> Special Program	<b>DSO APPROVAL</b> Name: _____ Date: _____ <b>AT RETURN</b> Email: _____ Document Sent: _____	