## I-20 Extension Request Form

To be completed by the student (please write clearly)

You must provide **new financial documents for the length of your extension request.**

*Please note that we are only able to extend your I-20 for **one year at a time.***

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>ID#:</th>
</tr>
</thead>
</table>

Current Program End Date: (on your I-20)

<table>
<thead>
<tr>
<th>Current level of study: (circle one)</th>
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<tbody>
<tr>
<td>Bachelor’s</td>
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</table>

Information about F-1 Status Extension:

This student is an international student at Towson on an F-1 visa. The immigration document of this student (Form I-20) will be expiring soon. The Department of Homeland Security’s Student & Exchange Visitor Information System (SEVIS) allows authorized Towson employees to extend the immigration status of F-1 students for compelling academic or medical reasons. These reasons do not include delays to the student’s progression due to academic probation or suspension.

This form serves as documentation of the student’s request for a program extension for academic purposes. This document will be retained in the student’s immigration records, and may be audited by the Department of Homeland Security.

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To be completed by Faculty/Academic Advisor/Program Director

The above-named student has not yet completed their current program of study, due to the following reasons: (please select as many as apply, and provide an explanation)

- Change in Major
- Loss of credit hours due to transfer
- Unexpected research problems (explanation required):
  
  __________________________________________________________
  __________________________________________________________

- Change in research topic (explanation required):
  
  __________________________________________________________
  __________________________________________________________

- Other (explanation required):
  
  __________________________________________________________
  __________________________________________________________

Based on your evaluation of the student’s completed coursework and assuming the student continues with a full course-load, when will they complete their program?

Student’s anticipated completion semester: (circle one)  Anticipated completion year:

January  May  August  December  20____

Advisor Signature:  Date:  Phone Ext:

Advisor Name (Printed):  Department: