



Office of International Education
 1600 Burrstone Road, White Hall 120
 Utica, NY 13502-4892
 Phone: (315)792-3082/ Fax (315) 792-3061
 Email: internationaleled@utica.edu

REQUEST FOR PROGRAM EXTENSION

You are given a specific period of time to complete the academic program requirements, which is listed as the program end date on the I-20. If you require more time to complete your academic program requirements, you must apply for a program extension. This must be requested before the program end date listed on your I-20. Extensions must be based on the following reasons listed in part B or another compelling academic reason. Please complete this form with your academic advisor and submit to the OIE along with proof of finances as listed on page two.

| SECTION A: To be completed by STUDENT | | | |
|---|------------|--|--|
| LAST (FAMILY) NAME | FIRST NAME | UC ID# | |
| CURRENT U.S. PHONE NUMBER | | CURRENT EMAIL ADDRESS | |
| CURRENT PROGRAM END DATE INDICATED ON I-20 OR DS-2019 ____/____/____(MM/DD/YY) | | NEW DATE YOU PLAN TO COMPLETE YOUR PROGRAM AT UC ____/____/____(MM/DD/YY) | |

| SECTION B: To be completed by ACADEMIC ADVISOR | |
|--|---------------|
| <i>The international student whose name appears above wishes to apply for an extension of the time allocated on his/her immigration document for completion of his/her program of study.</i> | |
| Requirements remaining for completion of degree: ____ credits and/or ____ semester(s) of thesis | |
| Date expected to complete all degree requirements, including thesis/dissertation (mm/dd/yy): ____/____/____ | |
| <p>This student needs an extension due to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Delay caused by a change in major field of study <input type="checkbox"/> Delay caused by a change in research topic <input type="checkbox"/> Delay caused by unexpected research problems <input type="checkbox"/> Delay caused by documented illness <input type="checkbox"/> Needs additional credits to complete degree program <input type="checkbox"/> Other (must be a compelling academic or medical reason) <hr style="width: 80%; margin-left: 0;"/> | |
| <p>NOTE: Prior to signing this recommendation, know that the information above is required to ensure that the student's request for an extension complies with Federal Regulations governing F-1 and J-1 immigration status. Delays caused by academic probation or suspension are not acceptable reasons for program extension (8CFR 214.2 (f) (7) (iii)).</p> | |
| <p>Do you agree the student is academically eligible to continue at Utica University, able to complete within a reasonable time, and has an academic plan to do so? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | |
| Academic Advisor Signature | Date |
| Name (Please Print) | Department |
| Phone Number | Email Address |

SECTION C: Proof of Finances to be completed by STUDENT

Submit financial documents less than 6 months old to verify funds for the next academic year or length of program, if shorter. The amount of funding required varies by program. Please see an advisor if unsure how much funding is needed. OIE will accept copies or scans of these documents. It is not necessary to provide originals.

**If your dependents (spouse and/or unmarried children under 21 years old) are here in the U.S. in F-2 or J-2 status, you must provide evidence of sufficient financial support prior to the issuance of Form I-20/Form DS-2019 (\$6,000 per academic year for each dependent).*

Source of funds (check all that apply)

- Personal Funds \$ _____
- Family/Third-Party Funds* \$ _____
- Utica University Name of Department/Unit: _____ \$ _____
- Employer* _____ \$ _____
- Student's Government Name of Sponsoring Agency: _____ \$ _____
- Other* Name of Sponsor: _____ \$ _____
- Other* Name of Sponsor: _____ \$ _____

** If you have funding other than personal funds, please have the person providing the funding submit the a signed Certificate of Finances form and provide the funding documents as described above or supply a financial guarantee letter from your financial sponsor.*

A staff member in the Office of International Education will complete this request in 3-4 business days and email you at the address listed above when complete.

I hereby authorize the release of any information necessary to process my request for a program extension.

Student Signature: _____ **Date:** _____

If all supporting information is accurate, documents will normally be prepared in 3-4 business days.