I-20 Expiring?

Program Extension
For F-1 Students

When A Program Extension is Needed

Refer to item 5 on the I-20 to determine the date by which your studies are to be completed. An F-1 student who does not complete his or her educational program by the completion date noted in item 5 on his or her most current, valid I-20 must apply for a Program Extension.

Eligibility

Any F-1 student who has continually maintained status, is making normal progress and who has a compelling academic, medical or other reason for not completing the educational program by the completion date (#5) on the I-20 is eligible for a Program Extension. A "compelling reason" may include such things as a change of major or research topic, unexpected research problems, or a documented illness, which has interfered with full-time study. A generic reason such as “did not finish” or “needs more time” is an insufficient reason. Academic suspension and probation are not considered acceptable reasons for a Program Extension. If the reason for an extension is health related, it may be difficult to get approval unless the student has previously been approved for a reduced course load (for medical reasons).

When to Apply

You need to apply for an extension prior to your current I-20 expiring. The expiration/completion date can be found in item 5 on your I-20. If you don’t apply prior to your current I-20 expiring, you will be considered out of status.

How to Apply

Handouts and forms mentioned below can be picked up in the ISS office, 2 Strong Hall, or can be downloaded from our website at: http://www.iss.ku.edu/

1. Complete Section A of the form on the reverse side of this handout.

2. Have your academic advisor verify your expected date of completion and the reason you need an extension by completing Section B of the form.

3. Meet with an international student advisor to submit your application for a program extension. Allow 30 minutes. You may make an appointment (any morning Tuesday-Friday) by calling (785) 864-3617 or come in during walk in hours from 1:30-4:00pm Monday-Friday. Please bring the following with you:
   a. the completed F-1 Program/I-20 Extension Form,
   b. proof of finances for the period of the extension requested IF your source of funding has changed

4. If you work on campus, take a copy of your new, extended I-20 to the HR Appointment Specialist in 103 Carruth O'Leary as proof you eligible to continue working.

Reference: 8 CFR 214.2 (f)(7) EOS
F-1 PROGRAM (I-20) EXTENSION REQUEST

Section A: TO BE COMPLETED BY STUDENT

Name as in Passport ___________________________________________ Surname/family name(s) ____________________________ KUID# ____________________________

Phone ____________________________

Do you have any F-2 Dependents?  □ No □ Yes
Do you currently work on campus at KU?  □ No □ Yes

Student Signature: ____________________________ Date: ____________________________

Section B: TO BE COMPLETED BY ACADEMIC ADVISOR  Please read “Who is Eligible” on reverse side before signing.

1. Educational Level:  □ AEC Only □ Bachelor □ Master □ Doctorate  2. Major: ____________________________________________

3. Term in which ALL degree requirements are anticipated to be completed (date in parenthesis will be new end date on the I-20):
   □ Fall 20____ (12/31)  □ Spring 20____ (5/31)  □ Summer 20____ (8/1)
   □ Within the initial week(s) of ____________ term 20____ before enrollment is required (date varies each term)

4. Please explain the REASON WHY the student was not able to complete the program as originally expected (such as a change of major or research topic, unexpected research problems or a documented illness….."needs more time" is insufficient)

I verify that the information above is correct and complete. This student is making normal progress toward the completion of his or her degree, and I recommend this student’s stay be extended as indicated above.

Academic Advisor’s Signature: ____________________________ Date: ____________________________

Name (typed or printed): ____________________________ Phone: ____________________________

Department: ____________________________ E-mail: ______________________________________

Section C: Source of Funding for Requested Period of Extension

□ There has been no change in my source of funding (no need to fill out rest of this section)

□ Personal Funds: (attach proof: bank statement or letter, etc.)

□ The University of Kansas: (must be signed by appropriate KU department)
   □ GTA □ GRA □ Lecturer
   Department/School Employed by: ____________________________
   FTE%:  □ 50% □ 40% □ 30% □ 25% □ 20% □ Other ______
   Term(s):  □ Fall 20____ □ Spring 20____ □ Summer 20____
   Total Salary for period of appointment indicated above: $ ____________________________
   Tuition/Fee benefits in addition to salary (can check more than one):
   Tuition:  □ Student gets Full Tuition Paid (pays no tuition) or □ Student pays own tuition at In-State Rate
   Fees:  □ Student gets All Fees Paid or □ Student gets Partial Fees Paid (specify) ____________________________
   □ Other ____________________________
   Likely Renewable?  □ Yes □ No

□ Scholarship/Fellowship Amount $ ____________________________ Funds provided by: ____________________________ (dept./school)
   Dept Signature ____________________________ Name ____________________________ Phone ____________________________

□ Other, including Family Funds (must attach proof): Amount $ ____________________________ Source ____________________________