I-20 Extension Form
Office of International Student and Scholars (OISS)

This form should be filled out by F-1 visa international students prior to the program end date printed on the current I-20 if more time is required to complete the academic program or degree. If approved, a new I-20 will be generated to reflect the new program end date.

Name:____________________________________________ Student ID number:__________________________
Last/Family                                      First/Given

Current I-20 program end date:  _____/_____/______       Has this I-20 already expired? ____Yes    ____No
Month          Day          Year

New Expected completion/graduation date: ______/_____/______    (Maximum 12 months from current end date allowed)
Month          Day          Year

___ Undergraduate        ____ Graduate                                      Program or major_______________________________

Email Address (please print clearly):_________________@callutheran.edu               Cell phone: (_______)_______-__________

Requirement A:
You must have an academic reason that warrants an extension.

Reason for extension: __To complete thesis (must be a program option/requirement)
___Had to take foundation courses prior to degree courses
___Had an authorized reduced course-load for one or more terms
___Had a leave of absence (not term off for vacation)
___Repeated one or more courses
___Added another major or track (provide admission letter if required)
___Changed program or major
___To complete practicum hours
___Other (explain)__________________________________________________________

Signature of Academic Advisor:__________________________________________  Date:_________________________

Requirement B:
You must show adequate funding to cover tuition, books, and living expenses for duration of extension period.

Financial support documentation:
___I have my personal bank statements (please attach)
___I have government support letter (please attach)
___I have sponsor support documentation (please attach)

Please read:
___I understand that my program will be extended and that I will receive a new I-20 with the new program end date upon presenting adequate documentation if submitted prior to the expiration of my current I-20.
___I understand that if my current I-20 has expired prior to requesting an extension that an extension may not be possible within SEVIS and I may need to go through a reinstatement process in order to continue my studies.

Signature:____________________________________________    Date:___________________________

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For Office Use Only-------------------------
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____Extension approved
___Extension not approved because
____Expired I-20    □PDSO Extended    □Reinstatement Required
____I-20 issued _____/_____/______  New program end date: _____/_____/______
Advisor__________