Purdue University Fort Wayne Office of International Education

Request for Program Extension of I-20 for International Students

TITLE 8 OF CODE OF FEDERAL REGULATIONS (8 CFR) Sec. 214.2(f) Students in colleges, universities, seminaries, conservatories, academic high schools, elementary schools, other academic institutions, and in language training programs ---

7(iii) Program extension for students in lawful status. An F-1 student who is unable to meet the program completion date on the Form I-20 may be granted a program extension by the school, if the Designated School Official (Purdue University Fort Wayne Office of International Education) certifies in the Student and Exchange Visitor Information System (SEVIS) that the student has continually maintained status and that the delays are caused by compelling academic or medical reasons, such as changes of major or research topics, unexpected research problems, or documented illnesses. Delays caused by academic probation or suspension are not acceptable reasons for program extension. The DSO must notify the Department of Homeland Security of any program extension requests by submitting the information in SEVIS and issuing a new SEVIS Form I-20 showing a new program completion date BEFORE your current I-20 expires.

IMPORTANT

Not making normal process toward a degree will not qualify as a reason for an F-1 extension.

You must have a legitimate academic reason for delaying your completion date in order to be authorized for Curricular **Practical Training.**

	Proof of Funding required: \$	@	credits for	months				
-	NOTE TO STUDENT: You must submit <u>BANK STATE</u> indicating proof of adequate financial resources to cove Funds in CDs, stocks, and/or bonds cannot be considerer required with letter from sponsor(s) indicating type of s	er all academic ed. Bank stater	and living expenses for nents from checking and	the term indicated above. I/or savings accounts are				
TO BE COMPLETED BY STUDENT:								
N	NAME:		ID#:					
DEGREE/MAJOR:REQUE		REQUESTED C	STED COMPLETION DATE:					
Student's Current Mailing Address & Contact Number:								
			Pho	ne:				
T	TO BE COMPLETED BY ACADEMIC/FACULTY ADVISOR OR GRADUATE PROGRAM COORDINATOR:							
T1	This is to certify that							

I his is to certify that _

has experienced a legitimate academic delay in the completion of his/her degree at PFW. The reason for the delay is:

Signature, Academic Advisor:	Printed Name:	Department:	Date:			
FOR OFFICE USE ONLY						
Signature, International Student Services:	P/E approved to (date):	Date:				

PURDUE

FORT WAYNE