



An F-1 who is unable to complete the program of study by the program end date on form I-20 may be granted a program extension by the school if a Designated School Official (International Student Advisor at ISS) certifies 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 illness. Delays caused by academic probation or suspension are not acceptable reasons for a program extension.

Complete the form below to request an extension of your program end date. Ask your academic advisor to sign below verifying the compelling academic reason necessitating the extension of your program.

If you have questions, please contact [intlsuccess@maryville.edu](mailto:intlsuccess@maryville.edu).

Name: \_\_\_\_\_ Maryville ID# \_\_\_\_\_

SEVIS ID# \_\_\_\_\_

Have you met or communicated with your academic advisor, DGS, or dean to discuss your plans related to this e-form?  YES

NO (**STOP: You must obtain your advisor's approval before submitting this request.**)

I understand that no more than 3 credits or one class taken online count towards my full-time enrollment requirements each semester and that all other credit hours must be taken on Maryville's campus.

YES

NO (**STOP: Speak with someone in ISS before enrolling in online courses.**)

New date you expect to complete your program of study: \_\_\_\_\_

Number of credits you expect to earn in your final semester: \_\_\_\_\_

Please outline the compelling academic reason you are requesting an extension of your I-20:

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*Note: Participation in Curricular Practical Training (CPT) is NOT a valid reason to request an extension of your program end date. Please contact ISS if you have questions.*



**REQUIRED DOCUMENTATION**

Please attach a copy of your current form I-20 and printed I-94 admissions record.

Has your source of funding changed since your initial I-20 was issued?

YES (*Include a new financial certificate and bank statement*)       NO

**ACADEMIC ADVISOR**

Advisor's Name: \_\_\_\_\_ Advisor's Email: \_\_\_\_\_

By providing my signature and date below, I am confirming that the student named above needs the additional time requested in order to complete the program of study and that compelling academic reason listed is correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_