



Office of International Programs

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I-20 Request Form for Extension

Important notes. Please read.

- Extension form must be submitted with necessary financial documents **at least 15 days** before the Program End Date on the I-20.
- If the extension is not processed and completed before the Program End Date on the I-20 you will be out of status and must file for reinstatement or leave the US.

**** International students who have not been making normal progress may be in violation of their F-1 status.****

PART I: STUDENT INFORMATION

ID Number: _____ - _____		Date: (Month ____ Day ____ Year ____)	
First Name: _____		Last Name: _____	
Current U.S. Address: _____			
City: _____	State: _____	Zip Code: _____	
Telephone Number: _____		Email Address: _____	

PART 2: FINANCIAL SUPPORT: Please submit Financial Support Form along with supporting financial documents.

<input type="checkbox"/> Financial Support Form (only if financial sponsor has changed) <input type="checkbox"/> Financial documents: <ul style="list-style-type: none"> ➤ Less than 3 months old ➤ In English ➤ Enough funding to cover length of extension 	<input type="checkbox"/> Copy of biographical page of passport <input type="checkbox"/> Copy of current I-20 <input type="checkbox"/> Copy of I-94 (obtained from www.cbp.gov)
<input type="checkbox"/> Pick up (if someone else will pick up for you, his/her name is _____)	
<input type="checkbox"/> Mail to address above	

PART 3: ACADEMIC/DEPARTMENT ADVISOR:

By signing this form, as the academic advisor you agree that:

- Student will be registered full time for each semester except their last semester
- That the student should receive this additional time to complete the program due to reason you will provide below

1. Expected date of program completion: (Month/____Day/____Year/____) Required credits remaining: _____	
2. Is this student making normal progress towards his/her current degree? <input type="checkbox"/> Yes <input type="checkbox"/> No If "NO" please explain:	
3. This student has not completed the current program of study due to (please check one of the following): <ul style="list-style-type: none"> <input type="checkbox"/> Delay caused by a change in major or 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 illnesses <input type="checkbox"/> For ESL Students only: Student is still not proficient in English and requires further ESL instruction. 	
Academic Advisor Signature: _____	Date: (Month/____Day/____Year/____)
Print Name and Title: _____	Telephone Number: _____

PART 4: PDSO/DSO APPROVAL:

<input type="checkbox"/> Approved:	<input type="checkbox"/> Denied	If denied, reason: _____			
Signature of PDSO/DSO: _____	Initials: _____	Date: (Month/Day/Year)	_____	_____	_____