



Request for Extension to Complete Program for F-1 International Students

International and Off-Campus Studies

General Information:

To be eligible for a program extension, the F-1 international student must be maintaining F-1 student status, making normal progress towards completion of their degree, and have academic requirements remaining. Extensions will only be granted to students who can demonstrate that they have compelling academic or medical reasons [8 CFR 214.2(f)(7)(iii)]. Delays caused by academic probation or suspension are not acceptable reasons for a program extension. Extension requests will not be granted solely because the student was delayed by engaging in authorized employment such as Curricular Practical Training (CPT).

A program extension on the form I-20 does not extend the F-1 visa stamp in the passport. If your F-1 visa has expired, you are allowed to remain in the U.S., but you must apply for a new visa at a U.S. Consulate the next time you travel outside the U.S. except for certain short term travel to Canada, Mexico, and certain adjacent islands. You cannot apply for a new F-1 visa or extend an F-1 student visa in the U.S.

This request for an extension should be received by the Visa Coordinator 30-60 days prior to the expiration date on your current form I-20. If you fail to meet the deadline, there is no guarantee that your request will be processed before your SEVIS record completes. This may have a negative impact on your immigration status.

To be completed by the Academic Advisor

Please check the reason this student was unable to complete his or her program:

- Medical reason
- Academic difficulty/delays
- Changed/added major or concentration
- Internship requirements

Comments, if any: _____

If none of these apply, please contact the Visa Coordinator at x3661 or carmes@stolaf.edu

By signing below, I certify that the student is in good standing and is making normal academic progress towards his or her educational objective and that the delay in completion is caused by compelling academic or medical reasons. The new program completion date noted below is a reasonable estimate.

Advisor Signature _____ Date _____

Printed Full Name _____ Department _____

Campus Phone Number _____ E-mail _____

To be completed by the Student

Please read this form carefully before signing. If you have any questions please don't hesitate to ask the Visa Coordinator.

Name: _____
Last/Family/Surname *First/Given* *Middle*

US Cellphone: _____ Non-St. Olaf e-mail: _____

Major(s) and Concentration(s): _____

Have you ever been approved for a program extension before: _____ Yes _____ No

Have you already applied for Optional Practical Training (OPT): _____ Yes _____ No

Current I-20 End Date: _____

Degree completion date as defined by U.S. Immigration Regulations is the last day of final exams.

New I-20 End Date Requested: _____

Remaining courses, credits, or GEs (excluding current semester enrollment): _____

St. Olaf College's international student financial aid is limited to 4 consecutive academic years, or 8 regular semesters as a full time student. If your program of study exceeds that time period, you are responsible for funding the cost.

I have funds to cover the additional educational expenses due to extending my program

I am planning to speak with Financial Aid about additional sources of support

I certify that I have read the request form instructions and information in full, and to the best of my knowledge, the information I have provided is accurate. I authorize the Visa Coordinator to extend my program dates in SEVIS to the above indicated.

Signature _____

Date: _____

Printed Full Name _____
