

PURPOSE OF THIS FORM

F-1 students must complete their program of study before the program end date on their I-20. Students that require extended time due to compelling an academic or medical reasons **must** submit this form to request a program extension **no later than thirty business days before** their program end date, with supporting evidence, as applicable.

Program Extension Criteria:

Extensions may be granted for **up to one year**; student must meet criteria for approval and have supporting evidence.

- The delay must be due to a compelling academic or medical reason, such as changing major or research topics, unexpected research problems, or documented illnesses.
- Extensions **cannot** be granted for failure to maintain academic standing (i.e., failing classes, academic suspension, or dismissal) or employment purposes, and cannot be considered if submitted after the program end date.

To be eligible for a program extension you must:

1. Have continually maintained your F-1 visa F-1 visa and academic status at the university.
2. Provide **proof** that the delay is due to a compelling academic or medical reason such as:
 - a. Change of major or research topic ("Program of Study Request" **must** be on file with the Registrar's Office).
 - b. Unexpected research problems (statement explaining specific problem by Advisor or Department Chair).
 - c. Documented illness (**must** have a signed letter from an MD, DO, or licensed clinical psychologist).
3. Obtain the required recommendation:
 - a. **Undergraduates**: Recommendation required from student's Advisor or Department Chair.
 - b. **Graduates**: Recommendation required from students' Advisor or Department Chair .

SECTION 1: STUDENT INFORMATION:

FL Poly ID: _____ SEVIS Number: _____

Last Name: _____ First Name: _____

Florida Poly Email: _____ Telephone Number: _____

Education Level: Undergraduate Graduate Major: _____

Reason for Extension (**select one**): ___ Academic (**complete Section 3.a**) ___ Medical (**follow instructions in Section 3.b**)

Section 2: ENROLLMENT AND ACADEMIC STANDING VERIFICATION

To be completed by the University Registrar's Office

Please confirm the student is enrolled full-time and is meeting academic standing.

Total credit hours remaining to complete program of study: _____ (**enter total credit hours remaining**)

Student is expected to meet all degree requirements at the end of the: _____ (**enter Term/Year**)

Print Name: _____ Title: _____

Signature: _____ Date: _____

STUDENT CERTIFICATION

My signature certifies I have read and understand the immigration regulations for F-1 program extensions and that the information on this form and the evidence provided are accurate and valid. I am responsible for any additional costs of attendance associated with this extension and understand that no waivers or exceptions are available unless otherwise noted.

If this request is denied and I cannot complete my program on the I-20 end date, I understand that immigration regulations require me to depart the United States (US) **before** I am eligible to file for **Reinstatement** with USCIS.

If approved, I understand that I will be issued a new I-20 with the extended program end date and must complete the requirements of my program by this date. If there are any changes or questions, I will contact a DSO immediately.

Student Signature/Date: _____

Section 3.a: ACADEMIC VERIFICATION (must be signed by applicable designee)

Undergraduates (Academic Advisor or Dept. Chair) | Graduates (Faculty Advisor or Dept. Chair)

Your recommendation is used to determine eligibility for a program extension for an academic reason. F-1 students are eligible for a program extension due to a compelling academic or medical reason. However, students may **not** extend their program due to academic probation or suspension, employment (e.g., CPT, Pre-OPT, internships), or professional development. **If you have any questions before completing, please contact a DSO (please ensure the student provides their most recent degree audit for your review).**

The student has provided evidence of the following academic reason(s) selected below. My signature confirms my recommendation for a program extension.

Change of major field of study

Change in research topics

Unexpected research problems
(explanation required)

Other compelling academic reason
(explanation required)

Name: _____ Department/Title: _____

Signature: _____ Date: _____

Section 3.b: MEDICAL VERIFICATION

Requires medical evidence to be submitted by the student with this program extension request

- You must provide evidentiary documentation from a medical provider that the delay in completing your program is due to a documented illness.
- If you do not provide the required medical documentation the program extension cannot be considered.