

OVERVIEW

The Department of Homeland Security (DHS) requires that you finish your program of study by the completion date on your I-20. The end date on the I-20 (Item #5) is established to reflect the average length of time it should take a student to complete their degree requirements. If, during your studies it becomes necessary to extend your I-20, ISS can provide I-20 extensions to those who are eligible and apply in a timely fashion. Submission of this form does not constitute approval; the form must be completed, and the required evidence must be provided for consideration **no later than 30 days before** the program end date on your I-20.

PROGRAM EXTENSION CRITERIA

To obtain a program extension, you must show that you have continually maintained status and that the extension is needed for compelling academic or medical reasons, such as a change of major or research topic, unexpected research problems, or a documented illness. Delays in completing your program caused by academic probation or suspension are not acceptable reasons for program extension approval [[8 CFR § 214.2 \(f\) \(7\) \(iii\)](#)].

Extension of stay can be granted only for documented academic or medical reasons. You may be eligible for an I-20 extension if the following criteria are met:

1. The delay was caused by documented academic or medical circumstances,
2. You have sufficient financial resources to fund your studies and living expenses, and
3. The extension is requested in a timely manner, with sufficient time for processing before the current expiration.

If your program end date (I-20, section #5) has expired or you do not meet the eligibility requirements to apply for a program extension, it will be necessary to file for reinstatement to F-1 status with USCIS, for which you will have to pay a substantial fee. In addition, failure to apply for an extension of stay in a timely manner is a violation of F-1 regulations, which can carry heavy penalties.

The following are not valid reasons for I-20 extensions:

- To enroll in extra courses or repeat the same course for personal interest or to improve one's GPA.
- To engage in research on or off-campus.
- To finish pending coursework for an incomplete grade.
- To engage in non-required Curricular Practical Training (CPT).
- To enroll in course work delayed by participation in non-required CPT.

An I-20 which has already passed the program end date cannot be extended.

How long may I be granted a program extension?

Extensions may be granted for up to one academic year, granted the explanation and evidence are applicable to time frame.

HOW TO APPLY FOR PROGRAM EXTENSION

First, meet with your advisor or department chair for their recommendation, ensure all required sections are completed, and all evidence is obtained. Once you have prepared all extension request materials, submit a complete packet via email to ISS. **As a reminder the following items constitute a completed Program Extension Request packet:**

- ✓ **Completed Program Extension Request Form with:**
 - Sections 1, 2 (medical only), 3, 4 (academic only), and Student Certification sections completed.
 - Evidence of compelling academic (explanations provided), or medical reason.
 - Evidence of financial ability to cover estimated costs of attendance for extension time frame.

SECTION 1: STUDENT INFORMATION

FL Poly ID: _____ Last Name: _____ First Name: _____

Florida Poly Email: _____ Telephone Number: _____

Major: _____ Concentration: _____

Requested term/year to extend program completion: _____

Provide explanation for extension (required):

Reason for Extension (select one): Medical (Section 2) Academic (Section 4)

SECTION 2: MEDICAL VERIFICATION (*Complete ONLY if using medical reason)

Provide documentation on letterhead from a licensed medical provider that specifies the delay in your program completion is due to a documented illness.

SECTION 3: ACADEMIC STANDING VERIFICATION

(Must be completed and sent to graduation@floridapoly.edu before submitting to ISS)

Student's current cumulative GPA: _____ Is student currently meeting satisfactory academic standing? _____

Current total hours required to complete program: _____ Current expected term/year of graduation: _____

Signature: _____ Date: _____

SECTION 4: ACADEMIC RECOMMENDATION (*For academic reason ONLY)

An Academic Adviser or Department Chair recommendation is **required** (before submitting to ISS) to determine eligibility for an extension due to a compelling academic reason. Extensions cannot be granted due to academic probation, suspension, dismissal, failing classes, or employment-related purposes.

A program extension is recommended for the following reason checked and explanation is provided below:

Change of Major (*Program of Study Change Request must be on file with the Registrar's Office*)

Change in Research Topic, Unexpected Research Problem, or Other Compelling Academic Reason

If student is seeking to extend Thesis research, they must be enrolled in the applicable course for their extension. Please provide the course the student should be enrolled in for their thesis research extension: _____.

Provide explanation for extension recommendation (required):

Name: _____ Department/Title: _____

Signature: _____ Date: _____

FINANCIAL RESOURCES STATEMENT

(Must be completed by student – BEFORE submitting to ISS)

All F-1 students are responsible for the estimated costs of attendance (COA). As a student requesting a program extension, you must provide evidence that you have the financial resources to cover the estimated COA for the additional time (semester or academic year) you are requesting to extend. If you are receiving financial aid from the university, government agency, or other organization, you must provide documented evidence of award for the extended term(s) – of applicable; if a sponsor (family/friends/relatives) are covering your costs, you must have them complete the required [Sponsor Certification of Financial Support](#).

You may view current estimated costs [here](#) for non-residents, and ensure to calculate the following additional costs:

- \$600.00 USD per semester for required Health Insurance coverage.
- \$1500.00 USD per semester per dependent (if you have a spouse or children residing in the US with you).

Please verify total source of funds for the applicable semester(s) you are requesting an extension for:

\$ _____

- Please ensure to attach the financial documentation that verifies this amount, dated no more than 6 months from today.

STUDENT CERTIFICATION

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

I have ensured all required sections are completed and have attached the required evidence for my program extension reason and financial ability to cover the estimated COA for the applicable time frame of the extension requested.

- **If this request is denied** and I am unable to complete my program by the I-20 end date, I understand that I am required to depart the United States (US) **before** I am eligible to file for [Reinstatement](#) with USCIS or to reapply for the F-1 visa. **Exceptions:** I must provide evidence of acceptance at another school or a change of visa status.
- **If approved**, I understand an updated I-20 with an extended program end date will be issued, and I am expected to complete my program no later than this date. If there are any changes, I will contact a DSO immediately.

Student Signature/Date: _____