

**I-20 PROGRAM EXTENSION  
F-1 STUDENTS  
ACADEMIC ADVISOR CERTIFICATION  
INTERNATIONAL STUDENT SERVICES**

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**Section 1: To be completed by student**

Name: \_\_\_\_\_ EIS ID# \_\_\_\_\_  
(Family) (First)

Degree \_\_\_\_\_ Major \_\_\_\_\_

Current I-20 Completion date: \_\_\_\_\_ Name of Advisor: \_\_\_\_\_

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**Section 2: To be completed by academic advisor or department chair**

The Department of Homeland Security requires that all F-1 students maintain valid F-1 status. This student is applying for an extension of his/her I-20 to maintain valid status while completing his/her degree program. Federal regulations allow only certain compelling academic or medical reasons for a student to extend the F-1 status. Delays caused by academic probation and suspension are not allowed by regulation. The SEVIS electronic system allows a maximum one-year extension.

Compelling reason for extension:

\_\_\_\_\_ Change of major from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Change in research topic or research problems

\_\_\_\_\_ Deficiency courses required for degree

\_\_\_\_\_ Transferred schools and lost credits

\_\_\_\_\_ Medical condition. Medical documentation attached.

\_\_\_\_\_ Other compelling reason \_\_\_\_\_  
\_\_\_\_\_

According to the degree plan on file with the department, the student is expected to complete his/her program by \_\_\_\_\_.

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*Student Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Academic Advisor/  
Department Chair* \_\_\_\_\_ *Date* \_\_\_\_\_

**UNT HEALTH SCIENCE CENTER**

International Student Services ♦ 3500 Camp Bowie Blvd. ♦ Fort Worth, TX 76107  
EAD Building, Room 116 ♦ Tel: 1.817.735.5006 ♦ Fax: 1.817.735.0448

