



I-20 Extension Request Form

Instructions

The information requested below is required by the U.S. Citizenship and Immigration Service (USCIS) to grant an extension of your F-1 non-immigrant status. Once completed please submit this form, along with supporting financial documentation which demonstrates your ability to financially cover your tuition and personal expenses for the period requested as calculated below, to the Office of Student Affairs.

This Extension Request Form must be submitted at least 2 weeks prior to the current end date on your I-20.

Part 1 - To be completed by the student seeking extension:

Last Name: _____ First Name: _____ Middle Name: _____

Local address: _____

Completion date on I-20: _____ Academic Advisor: _____

Please complete this section to calculate your estimated cost of attendance for period requested:

Tuition and Fees:	\$
Living expenses (rent, food, transportation)	\$
<u>Books/supplies/insurance</u>	\$ _____
TOTAL	\$

Part 2 - To be completed by the Academic Advisor

An F-1 student who is unable to meet the program completion date on their Form I-20 may be granted a program extension by the school. To be eligible for extension a Designated School Official must certify that the student has continually maintained status and that the delay is caused by a compelling academic or medical reason, such as changes of major or research topics, unexpected research problems, or documented illnesses. Delays caused by academic probation or suspension are not acceptable reasons for program extension.

This student has not yet completed the current course of study due to:

- Delay caused by a change in program of study
- Delay caused by change in research topic
- Delay caused by unexpected research problems
- No unusual delay. The original length of time given to complete studies was not sufficient.
- Other - please explain:

(If a medical reason is cited, please provide documentation from the student's physician.)

New end date: _____

I hereby recommend that this student be granted an extension of stay until the date specified above to allow sufficient time to complete his or her degree program at the MGH Institute of Health Professions.

Printed Name: _____ Department: _____

Signature: _____ Date: _____