



I-20 Extension Request Form

To request an I-20 extension, F-1 students must complete Part I; your academic advisor/ major professor must complete Part II and sign; and the Dean of Instruction and Graduate Studies must sign Part III. Submit completed form along with the F-1 Student Financial Worksheet and supporting documentation to the Office of International Education.

The Office of International Education reserves the right to a one-week time frame for reviewing and processing of any submitted requests. Students should anticipate OIE to take the full week and should expect to submit documents early in order to avoid potential complications. If a student requests the extension of an I-20, OPT, or other time-limited visa status, all application materials and required documentations must be submitted to the Office of International Education for review and approval no later than 30 days in advance of the SEVIS deadline for submission of the application materials.

Part 1: Student Information. To be completed by the student.

Full Name on Passport _____

SEVIS # N _____ SU ID# _____ Date of Birth (mm/dd/yyyy) _____

Program of Study _____ Degree Level ☐ Bachelors
☐ Master's I-20 Start Date _____
☐ Ph.D. I-20 End Date _____

Email _____ Phone _____ Do you have any dependents with you in the U.S.? ☐ No ☐ Yes

Graduate assistantship? ☐ No ☐ Yes ☐ 20 hrs ☐ 10 hrs Are you working on-campus? ☐ No ☐ Yes

Upcoming travel plans No Yes I will travel to _____ for the following dates _____

Local address _____

Part 2: Advisor/Major Professor Recommendation. To be completed by the academic advisor/ major professor.

Name _____ Academic Program _____

This student requires more time to complete the degree due to:

☐ Delay caused by a change in major field of study

☐ Delay caused by a change in research topic

☐ Delay caused by unexpected research problems

☐ Delay caused by lost credits upon transfer to SUNY ESF

☐ No unusual delay. Original length of time given to complete program is not reasonable for an average student.

☐ Other compelling academic or medical reason (explain): _____

Number of credits remaining towards degree (not including current semester enrollment—must be at least 1)

This student is expected to complete her/his program of study on: _____
MM/DD/YYYY

Signature _____

Date _____

Part 3: Dean of the Graduate School Approval. Submit to 227 Bray to obtain the Dean's signature.

This student is in good academic standing and eligible for the requested extension.

Signature _____

Date _____

- | | |
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| ☐ Enrollment Certification | ☐ Copy of passport |
| ☐ Student maintained continuous full-time status every semester | ☐ Copy of visa |
| ☐ Financial worksheet and adequate funding documentation | ☐ Copy of I-94 card |
| ☐ Student has adequate funding | ☐ Copies of all I-20s (page 1 and page 3 of all |
| ☐ Student requires additional funding: | ☐ CPT/OPT authorization I-20s) |