



# F-1 STUDENT PROGRAM EXTENSION FORM

Complete this form and submit it at least **30 business days** before the end date on your current Form I-20 to UCR ISS. Failure to apply for your I-20 extension before the expiration date means that you are no longer eligible for an extension.

## SECTION A: TO BE COMPLETED BY THE STUDENT:

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_ UCR Student ID : \_\_\_\_\_

U.S. Address: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

U.S. Phone#: (\_\_\_\_) \_\_\_\_\_ UCR Email: \_\_\_\_\_ Visa Type: \_\_\_\_ UCR Major : \_\_\_\_\_

Degree Level (Check only one):      Bachelor's      Masters      PhD

## Student Eligibility Requirements for an F-1 Program Extension:

1. You must be in valid F-1 status, having maintained a full course load each quarter while enrolled at UCR.
2. You must be able to demonstrate compelling academic or medical reasons that necessitate the extension of your I-20.

## Students are not eligible for an F-1 program extension if any of the following applies:

1. You have satisfied all requirements for graduation/completion of your program.
2. You want to prolong your stay in the United States.
3. You fail to obtain an extension before the completion date listed on your I-20.

**By signing below, I verify that I have read and understood the eligibility for an F-1 student program extension. I agree and comply with the regulations above.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION B: TO BE COMPLETED BY ACADEMIC ADVISOR/GRADUATE PROGRAM ADVISOR:

**\*Please update the student's "Banner Student Profile" to reflect their updated program end date.**

**\*Please make sure it is signed by your academic/program advisor, not faculty advisor/PI.**

1. Has this student requested a program extension before?:      Yes      No

2. Additional time needed (expected graduation quarter):

Fall      Winter      Spring      Summer      YEAR: \_\_\_\_\_

3. Reason for program extension: (PLEASE SELECT ONE)

Medical Reasons (Medical note required)      Unexpected Research Problems

Compelling Academic Reasons (i.e. additional coursework)      Change of Major

Advisor Signature \_\_\_\_\_ Advisor Name (Please Print): \_\_\_\_\_

School/Department \_\_\_\_\_ Date: \_\_\_\_\_