

International Admissions and Programs

I-20 Extension Form

Family Name: _____ First Name: _____

Student ID: _____ SEVIS ID#: _____ E-Mail: _____

Student's Section:

1. You are required to have this form completed by your Academic Advisor.
2. You are required to submit an updated (audited) Candidate Plan of Study (issued within the last 30 days) showing what classes you have completed, what classes remain, and when you expect to graduate. You will obtain this from your Academic Advisor.
3. Once you have these documents (#1 & #2) you will submit your request for an I-20 Extension at least two weeks in advance of your current I-20 expiration in the ISD Portal. Students failing to have their I-20 Extended prior to their current I-20 violate the terms of your F-1 status.

Academic Advisor's Section:

This F-1 student is requesting permission to remain in the U.S. beyond the estimated date of completion provided by the Office of International Admissions & Programs (OIAP). In order for this to occur, you must provide the following information:

1. Why does the student need more time to complete his/her program?
 - The original period given was not sufficient for the student to finish the degree. The student has been making normal academic progress. The normal duration of the program is _____ academic semesters (fall and spring).
 - The student changed majors.
 - The student changed research topics.
 - The student had unexpected research problems.
 - The student had medical reasons.
 - Other: _____
2. The student **did /did not** (circle one) participate in any extra co-op, internship, or practicum courses that led to a delay in program completion. (Pick One)
3. New estimated semester of completion: _____
4. **Yes, I provided** or **No, I did not provide** (circle one) the student with an updated (audited) Candidate Plan of Study showing what classes he/she has completed, what classes remain, and when he/she will likely complete the program.

NOTE: If you select No, I did not, the OIAP will send the student back to the advising office to request the audited CPS.

Advisor's Name: _____

Advisor's Signature: _____ Date: _____

University of Houston  Clear Lake

The choice is clear