

**PROGRAM EXTENSION FORM**  
**F-1 INTERNATIONAL STUDENT**  
**PRAIRIE VIEW A&M UNIVERSITY**

**A student who is currently maintaining status and making normal progress toward completing his or her educational objective, but who is unable to complete his or her course of study by the program end date on the Form I-20, must apply for a program extension prior to the program end date.** The designated school official must certify that the student has continually maintained status and that the delays are caused by compelling academic or medical reasons, 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 extensions.

**The student applying for a program extension should submit the following documents:**

- Affidavit of Financial Support
- Supporting Evidence of Financial Support (Bank Statements)
- Program Extension Form – Completed by Academic Advisor

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**STUDENT** Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ I-20 Completion Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Is this your first extension for this degree?  Yes  No – Explain: \_\_\_\_\_

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**ALL INFORMATION ON THIS FORM WILL BE REPORTED TO THE DEPARTMENT OF HOMELAND SECURITY.**

**Academic Advisor or Graduate Faculty Advisor** – Please check the reason that applies to the above student's request for a program extension. **Note:** Advisors – Please complete and sign in blue ink.

Is this student in good academic standing and is a program extension for this student supported by the department?  Yes  No If No – Explain: \_\_\_\_\_

The student requires more time to complete the degree. Original time stated on the I-20 is less time than stated in the university catalog for this degree program.

The student has or had a medical reason: The student must attach documentation from his/her health care provider.

The student changed majors.

The student changed research topics.

The student has unexpected research problems.

Other: \_\_\_\_\_

**Any item checked will require the academic advisor's explanation for the program extension.**

Advisor's Explanation: \_\_\_\_\_

What requirements remain for the degree completion: \_\_\_\_\_

Student's Expected Date of Degree Completion: \_\_\_\_\_

\_\_\_\_\_  
**Name: Academic or Graduate Faculty Advisor** **Date**

\_\_\_\_\_  
**Signature: Academic or Graduate Faculty Advisor** **Date**

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**INTERNATIONAL STUDENT ADVISOR**

**Program Extension Approved – New Program End Date:** \_\_\_\_\_

\_\_\_\_\_  
Evelyn J. McGinty **Date**  
PDSO/Immigration Services Associate

Revised 10/26/2011EJM