REQUEST FOR I-20 EXTENSION (F-1 Student Program Extension)

To the student: a completed I-20 extension form must be submitted to ISSS **<u>BEFORE your I-20 expires</u>**. Once your I-20 expires, an extension can no longer be granted. Extensions are granted for a maximum of one year.

| Nam | | UO ID Number: | | |
|------------------------|---|--|--|--|
| Nam | | UO ID Number: | | |
| - turi | 9: | _ SEVIS ID Number: | | |
| Majo | r: | Phone: | | |
| Degr | ee Level: | Email: | | |
| | started my program on (quarter/year). M OTE: If your I-20 expiration date is near or has passed, contact | | (mm/dd/yyyy). | |
| | ATURE. I verify that I am in good academic standing, I will con rements, and that I have sufficient financial resources to pay for | | | |
| Signa | ature | Date | | |
| outst medi incor | above F-1 international student is requesting an extension of his anding degree requirements. Extensions may be granted if the cal reasons. Extensions may not be granted to students on aca npletes or minor-only courses, or for non-academic reasons suc ffice of International Affairs at (541) 346-3206 or intl@uoregon.et The student is in good academic standing and is meeting depa expectations for normal progress toward degree completion: | delay in completion is due to demic suspension or disqua ch as extending student em du if you have any question | o compelling academic or alification, to finish ployment. Please contact is / concerns. | |
| 2. | Total remaining credits needed beyond current term: | | _ credits | |
| 3. | Other requirements beyond course credits that need to be con (e.g., thesis, dissertation): | | esis / PhD Dissertation | |
| 4. | Primary reason(s) the student was delayed in completing degre above. Please check most appropriate reason or provide expla | | expiration date indicated | |
| | Delay caused by change of major / addition of second m Delay caused by change in thesis / dissertation research Delay caused by unexpected thesis / dissertation research Delay caused by documented medical illness (student m Initial language training requirement (terms in . Length of time of given to student (see Section A) was no Other: | ch problems ust provide documentation AEI) ot reasonable for an average | , | |
| 5. | Expected completion date for all <u>coursework</u> requirements | : | (mm/dd/yyyy) | |
| 6. | Expected completion date for all <u>degree</u> requirements: | | (mm/dd/yyyy) | |
| | por's Signature Name (Printed) | Title | Data | |

| | OIA Use Only: APF | PROVED EXTENDED TO | SEVIS | GOAINTL |
|---------------------|-------------------|--------------------|-------|---------|
| Department Name | Phone | Email | | |
| | Numb (Finited) | 1110 | | |
| Advisor's Signature | Name (Printed) | Title | | Date |