

**Items needed when submitting this form:**

- \* Copy of I-20(s)/DS-2019(s)
- \* Copy of passport, visa, arrival/departure record (I-94)
- \* Financial documents, if change in funding

**To Be Completed by Student:**

|   |  |                                   |                                       |             |       |
|---|--|-----------------------------------|---------------------------------------|-------------|-------|
| _____   |  | _____                             |                                       | _____       |       |
| Last name   |  | First name                        |                                       | Middle name |       |
| _____   |  | _____                             |                                       | _____       |       |
| Mustang ID/ Tech ID                                 |  | SEVIS #                           |                                       |             |       |
| _____   |  | _____                             |                                       | _____       |       |
| Date of birth (MM/DD/YY)                            |  | Email address                     |                                       |             |       |
| _____   |  | _____                             |                                       | _____       |       |
| Current address:                                    |  | Phone: _____                      |                                       |             |       |
| _____   |  | _____                             |                                       | _____       |       |
| Street  |  | City                              |                                       | State       | Zip   |
| _____   |  | _____                             |                                       | _____       | _____ |
| Department/College                                  |  | Major                             |                                       |             |       |
| Degree program: <input type="checkbox"/> Bachelor's |  | <input type="checkbox"/> Master's | <input type="checkbox"/> Other: _____ |             |       |
| _____   |  | _____                             |                                       | _____       |       |
| Current I-20/DS-2019 expiration date                |  | New I-20/DS-2019 program end date |                                       |             |       |
| _____   |  | _____                             |                                       | _____       |       |

|                          |  |             |  |
|--------------------------|--|-------------|--|
| _____                    |  | _____       |  |
| <b>Student signature</b> |  | <b>Date</b> |  |

**To Be Completed by Academic Advisor:**  
I certify that the above request is accurate in conformance with applicable departmental, college and university policies. Please describe, in detail, why the student is unable to complete the program:

\_\_\_\_\_

\_\_\_\_\_

This student should complete the program as indicated in the above request. Therefore, I recommend that this student be permitted to extend the program end date. ***New program end date:*** \_\_\_\_\_

|                                 |  |            |  |
|---------------------------------|--|------------|--|
| _____                           |  | _____      |  |
| Academic advisor name (printed) |  | Department |  |
| _____                           |  | _____      |  |
| Academic advisor signature      |  | Date       |  |
| _____                           |  | _____      |  |
| Email                           |  | Phone      |  |
| _____                           |  | _____      |  |

|   |  |       |  |
|---|--|-------|--|
| _____                                       |  | _____ |  |
| Completed by International Student Services |  | Date  |  |