

**The Ohio State University  
Office of International Affairs (OIA)**

**Program Extension for Students in F-1 Status**

**Eligibility Requirements for Program Extension**

You may apply for an extension of your student program if:

- You have not yet exceeded the time limitation placed upon your study by the expected completion of studies date in item #5 on your I-20,
- You have continuously maintained lawful F-1 status, and
- The delay in completing program requirements has been caused by compelling academic reasons (such as changes of major field or research topics, or unexpected research problems), or compelling and documented medical reasons. Delays in completing program requirements which are caused by academic probation or suspension are not acceptable reasons for extension of a program of study.

**Section 1: To Be Completed By the Student (Please Print)**

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Student's Last Name	First Name	MI
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**N000** \_\_\_\_\_

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SEVIS ID Number	Last 4 Digits of SSN or Campus ID	Date of Birth
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Date of Expiration on Current I-20: \_\_\_\_\_

**\*\*\* Please bring in proof of financial support for the time period that you are extending your I-20 with this form \*\*\***

**Section 2: To Be Completed By The Academic Advisor or Department Chair**

This form is provided to facilitate the communication of certain information required by regulations of the U.S. Immigration and Customs Enforcement (USICE). Its completion is needed for a student in F-1 status to be granted an extension of the time limitation placed by the USICE on the student's current program of study. Any questions you may have can be directed to the Office of International Education at 292-6101. Please complete this form in full. Thank you.

**This student has not yet completed the current program of study due to:** (check all reasons that apply)

- Delay caused by a change in the major field of study
- Delay caused by a change in research topic
- Delay caused by unexpected research problems
- Delay caused documented medical problems
- Other: Please provide a letter of explanation with this form

I, the academic advisor/department chair of the above named student, recommend that this student be allowed additional time to complete his/her studies. I estimate his/her completion of studies to be: \_\_\_\_\_ (quarter and year).

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Printed Name, Advisor/Dept Chair	Signature, Advisor/Dept Chair	Date
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Position Title	Advisor/Dept. Chair's Email Address	Office Telephone Number
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