



INTERNATIONAL AND MULTICULTURAL STUDENT SERVICES APPLICATION FOR F-1 STATUS PROGRAM EXTENSION

SECTION A: TO BE COMPLETED BY STUDENT

All non-immigrants in F-1 student status are required by federal regulations to complete their academic program requirements OR obtain a program extension not later than the completion date listed in item 5 of the student's Form I-20. Failure to complete the program requirements or obtain a program extension by the end date is a violation of non-immigrant status which must be reported to Immigration & Customs Enforcement.

FAMILY (LAST) NAME _____

GIVEN (FIRST) NAME _____

TECH STUDENT ID# _____ DATE OF BIRTH _____

E-MAIL ADDRESS _____

CURRENT MAJOR _____

LEVEL OF STUDY: BACHELOR OR MASTER

EXPECTED COMPLETION SEMESTER AND YEAR _____

SEMESTER & YEAR YOU BEGAN CURRENT PROGRAM _____

WHY DO YOU NEED AN EXTENSION: (PLEASE DESCRIBE IN DETAIL)

CHECKLIST OF SUPPLEMENTAL DOCUMENTS FOR EXTENSION:
Bring ALL of these items with you for your extension appointment!

- Academic advisor's verification form (Section B on next page of this application)
- Updated proof of financial support (no more than 6 month old)
- Past I-20 form previous programs/levels/schools/etc.
- Passport (should be valid at least six months into the future)

Do not write in this box! IMSSO use only!

Date Received:

Date Complete

Verify:

- Funding
- Advisor
- GPA
- F-1 Status

SEVIS Action:

- Update Funds
- Extension
- Other

IMSSO Advisor:

CONTINUED ON NEXT PAGE!

**APPLICATION FOR F-1 STATUS PROGRAM EXTENSION
SECTION B – ACADEMIC ADVISOR’S VERIFICATION**

STUDENT’S NAME _____

STUDENT’S TECH ID NUMBER _____ DATE _____

*To the student: **DO NOT** fill in any information below this line.*

To the academic advisor; the student named above holds F-1 non-immigrant status and is required by the Department of Homeland Security to obtain a program extension if he/she will not be able to complete the academic program listed on the current Form I-20 by the end date at item 5 of that form. Please assist us in evaluating the student’s request for extension by completing the following information. If you have any questions or concerns, please contact Yasushi Onodera, IMSSO Director, at 964-0832 or yonodera@atu.edu.

1. Is the student named above currently in good academic standing? Yes No
2. Is the student making normal and satisfactory progress in his/her degree program? Yes No
3. Has the student been delayed in completing the program requirements due to any periods of academic warning, limited enrollment, and/or suspension? Yes No

4. Please indicate the reason(s) the student needs additional time to complete the degree program:

- Change of major/program Unexpected research problems
- Difficulty with English language Delays due to internship
- Medical condition or illness (student must attach a doctor’s statement if this is selected)
- Other compelling academic reasons (please attach letter with description/explanation)

5. Do you recommend that the student be given a program extension? Yes No

6. Semester and year you expect the student to complete all degree requirements _____

7. Please add any comments you feel appropriate in the space below or by attaching a letter:

ADVISOR’S NAME AND TITLE _____

ADVISOR’S SIGNATURE _____

ADVISOR’S PHONE NUMBER _____ DATE _____