

I-20 Extension Request Form

STUDENT INSTRUCTIONS: The Department of Homeland Security permits an F-1 student who is unable to complete all academic requirements by the end date on the I-20 to apply for an extension if specific conditions apply. Listed below are the conditions for filing an I-20 extension while studying at Albizu University. Please review them and then sign to certify that you understand the contents. Return the completed form to the International Student Office.

1. To be eligible for an extension, you must have continually maintained F-1 status, including making satisfactory progress toward the completion of your program.
2. The delay in completing your program must be caused by a compelling academic or medical reason, such as a change of major or research topic, unexpected research problems, or a documented illness. Extension requests will not be granted solely due to delays caused by employment such as Curricular Practical Training. Delays caused by academic probation or suspension are not acceptable reasons for an extension.
3. Your request must be accompanied by a completed Academic Advisor Recommendation Form, proof of financial support for your program, a copy of your passport, a copy of your I-94, and a copy of your current I-20. See the I-20 Extensions page of the International Students section of the Albizu website for more details.
4. You must submit the I-20 Extension Request Form to your PDSO no later than 45 days before the end date on your current I-20. If you fail to meet the deadline, there is no guarantee that your request will be processed before your current I-20 expires. This could result in the loss of your student status and may obligate you to return to your home country.

Student Information			
Surname/Family Name(s) (Print)		Given/First Name(s) (Print)	
Albizu University Student ID #	Email Address	Phone Number	
Date of Birth (mm/dd/yyyy)	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Number of F-2 Dependents	
Delivery Method: <input type="checkbox"/> Pick-Up <input type="checkbox"/> Mail		SEVIS ID #	

Student Certification	
<p>I certify that I have read and understand the above-listed conditions for applying for an I-20 extension and that the information I have provided is accurate. I understand that, should my I-20 extension be approved, I must submit proof of health insurance coverage for myself and any F-2 dependents for the duration of the extension. I also understand that I must report any legal changes (such as name change, new residential or mailing address, employment, loss of employment, and departure from the United States) by email to my Albizu University PDSO/DSO within 10 days of the change.</p>	
Student Signature	Date (mm/dd/yyyy)