International Student Services
Program Extension – F-1 students
oiss@stthomas.edu, Tel: 651-962-6650, Fax: 651-962-6655

This form must be completed and submitted to ISS before the program end date listed on your I-20. Please schedule an appointment with an ISS advisor and bring with you this completed form and updated financial documents for the period of the extension.

1. To be completed by student:

First Name: ___________________________ Last Name: ___________________________

UST ID#: ___________________________ Email: ___________________________

Start date for this academic program: ___________________________

Have you ever been approved for a program extension? ___ Yes ___ No

2. To be completed by Academic Advisor or Academic Department at St. Thomas:

Number of credits left to be completed: ___________________________

Recommended new program end date: ___________________________
    (Month/Day/Year)

Please check the reason this student was unable to complete program:

☐ Changed research topic    ☐ Changed/added major    ☐ Medical reason
☐ Unexpected research problems    ☐ Internship requirements    ☐ Academic difficulty/ delays

By signing below, I certify that the student is making normal progress towards his or her educational objective and that the delay in completion is caused by compelling academic or medical reasons.

_________________________    ___________________________
(Signature of Academic Advisor) (Date Signed)

_________________________    ___________________________    ___________________________
(Name – Please Print) (Academic Department) (Phone)