I-20 Extension/ Program Extension Form

This form is to be used by current MSUM international students to request an I-20 extension to complete the degree requirements. Please submit this form along with a bank statement indicating that you have necessary funding for the extra year. You must schedule an appointment with an Office of International Programs advisor once you have completed all the necessary documents.

Name: ___________________________________________ Dragon ID: ____________________

(Last name) (First name) Phone Number: ______________________

Email: ____________________________________________

A. To be Completed by Academic Advisor or Department Chair

This form is provided for your convenience and is designed to facilitate the communication of information required by U.S. immigration regulations for students who will not complete their studies within the “normal” time frame for their level of study. If you have any questions regarding or the completion of this form, please do not hesitate to contact Office of International Programs at 218-477-2959

The student’s major: ______________________________________ Degree: ____________________

The total credits need to complete the degree program: ______________________________________

Total credits completed: ___________________________ Expected Graduation Date: __________________________

The Student has not yet completed the course of study due to:

- ___ Delay caused by a change in the area of specialization
- ___ Delay caused by an addition of another major
- ___ No unusual delay: original completion estimation not reasonable for average student in this program
- ___ Other: Please explain on the reserve side or attach a separate sheet

I am aware that the U.S. Citizenship and Immigration Services does not allow program extensions due to delays caused by financial difficulties, academic probation, or suspension, and I recommend that the student be granted additional time to complete the course of study.

By signing below, I indicate that the mentioned information is true and based on my knowledge and information.

Name of Academic Advisor/Department Chair: __________________________________________ Date: _________________

Signature Academic Advisor/ Department Chair: __________________________________________________________________________________________________________________________________________________

Student Signature: __________________________________________ Date: _________________