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 ISS advisor once you have completed all the necessary documents.

Name: ____________________________________________ Dragon ID: ______________________
(Last name) (First name)

Email: ____________________________________________ Phone Number: ______________________

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 ISS 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: ___/___/____

Updated April 2015
Minnesota State University Moorhead
Moorhead MN 56563