I-20 Extension Request Form

If you are unable to finish your degree program by the end date noted on your I-20 form (F-1), you can request an extension of your program. The length of time allowed for an extension is based on the recommendation of your academic advisor. A program extension is not guaranteed. Each request will be reviewed on a case-by-case basis.

**Deadline for Extensions:**

If you need an extension, you must request it at least 30 days before your current I-20 expires by following the instructions below. If your I-20 expires while you are still a student, you will be considered in violation of your status and you will need to submit a reinstatement application to USCIS to correct your status.

**Form Instructions:**

1. Print out this form and complete it.
2. Have your academic advisor complete Page 2 of this form. If you have already received an extension and are requesting a second one, a college official/manager at the campus where your file is located will also need to sign this form. Please ask your International Student Advisor/DSO who you need to see.
3. Attach new proof of funding for your F-1 program. Please see your International Student Advisor/DSO about acceptable forms of proof.
4. Submit this completed form along with new proof of funding to your International Student Advisor/DSO.

**PLEASE PRINT CLEARLY**

Lone Star Student ID #: ____________________________ Today’s Date: ____________________________

Student Name: __________________________________________________________________________

Family Name                      First                        Middle

Have you previously received a program extension at LSCS? (Please check one):

□ Yes                  □ No

Please explain why you are requesting an extension (Please attach a separate page if additional space is needed)

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

_________________________________  __________________________
Student Signature

You must have your Lone Star College Academic Advisor complete Page 2 of this form.
To be completed by LSCS Academic Advisor:

The student named on the previous page is requesting an extension of their immigration status in the United States in order to complete his/her academic program. Please select one of the options below to indicate whether or not you recommend the extension. Also, please note the amount of time you expect the student needs to finish his/her program. For immigration purposes, the student is only eligible to receive a maximum extension of 2 semesters at a time. If this student has previously requested an extension, a college official/manager at your campus will also need to approve this request.

□ The student has been making academic progress, warranting an extension.

□ The student has not been making academic progress. A program extension is not recommended.

Semester and Year student first enrolled in LSCS credit courses: ____________________________

Courses student still needs to complete for degree program (Please attach a separate page if additional space is needed. Alternatively, you can attach an iStar advisement report to provide this information.)

____________________________________________________________________________________________________

____________________________________________________________________________________________________

How many semesters does the student need to complete his/her program:

□ One  □ Two  □ Other (please specify) ____________________________

Signature ____________________________  Printed Name ____________________________

Date ____________________________  LSCS Campus

-----------------------------For students who have previously received an LSCS program extension-----------------------------

To be completed by a LSCS College Official/Manager

The international student listed on the first page of this document has been attending LSCS since the date listed in the section above and is requesting an extension of his/her immigration status in order to complete his/her academic program. The student previously received additional time and is now requesting it again. Please select one of the options below to indicate whether or not an extension of their immigration status is warranted.

□ The student has been making academic progress, warranting an extension.

□ The student has not been making academic progress. A program extension is not recommended.

Signature ____________________________  Printed Name ____________________________

Date ____________________________  LSCS Campus