

F-1 Student Program Extension Form

STUDENT INFORMATION:

To be completed by the student

Submission Deadline: Complete and submit this form to UCR ISS at least **30 business days before** the program end date listed on your current Form I-20.

- Requests submitted after the program end date **cannot be approved**.

Family Name: _____ Given Name: _____

Student ID #: _____ Major: _____

Email: _____ Cell #: _____

U.S. Address: _____

City: _____ State: _____ Zip Code: _____

Degree: Bachelor's Master's PhD

STUDENT ELIGIBILITY FOR F-1 PROGRAM EXTENSION

To be eligible, students must meet all of the following:

1. Maintain valid F-1 status, including full-time enrollment each quarter at UCR.
2. Demonstrate compelling academic or medical reasons requiring an extension of Form I-20.

Students are not eligible for a program extension if any of the following apply:

1. All program requirements for graduation or completion have been met.
2. The purpose is to extend stay in the United States beyond the academic program.
3. The extension is requested after the program end date listed on the Form I-20.

STUDENT CERTIFICATION AND SIGNATURE

By signing below, I certify that I have read and understand the eligibility requirements for an F-1 program extension and agree to comply with the regulations stated above.

Student's Signature: _____ Date: _____

ADVISOR VERIFICATION

To be completed by the Academic Advisor or Graduate Program Advisor

Important: Please update the student's **Banner Student Profile** to reflect their updated program end date.

Note: This form must be signed by the Academic/Program Advisor (not the Faculty Advisor/PI).

1. Has this student requested a program extension before?

Yes

No

2. Additional time needed (expected graduation quarter):

Fall

Winter

Spring

Summer

Year: _____

3. Reason for program extension: (select one)

Medical Reasons (Medical note required)

Unexpected Research Problems

Compelling Academic Reasons (i.e. additional coursework)

Change of Major

Advisor Signature: _____ Date: _____

Advisor Name/Title (Please Print): _____ School/Department: _____