Section A: To Be Completed by Student

Name: ________________________________________________________________

Family/Last) Given/First Middle I.

Current End Date of I-20: ________________________________________________

Month Day Year

Please check sources of funding: [ ] Self/Family [ ] MSU [ ] Other ________________

Student Signature: ________________________________  Date:________________

Section B: To Be Completed by Student’s Academic Advisor

Note to the Academic Advisor: The above named student has requested an extension of the time limit placed upon the F-1 nonimmigrant student's length of study. The purpose of this form is to provide information required by US Citizenship and Immigration Services (USCIS). An extension cannot be recommended solely to provide additional time to complete any “incomplete” course(s). Additional course(s) must count toward degree, including any course(s) that will be applied toward more than one major or concentration.

1. The above named student has been and continues to be enrolled in a full course of study and is making normal academic progress in his/her academic program: [ ] Yes [ ] No

Federal regulations require F-1 students to enroll in a full course of study each semester. Undergraduates must be enrolled for a minimum of twelve credits per semester; graduate students are required to enroll for a minimum of nine credits per semester. Graduate students in dissertation status are considered to be full time.

2. I anticipate this student will complete all requirements for the degree on or about: ____________________________________________________________

Month Day Year:

3. This student has not yet completed the current program of study due to (please check all reasons which apply and provide further explanation below):

[ ] Delays caused by a change of major of study
[ ] Delays caused by a change in research topic
[ ] Delays caused by unexpected research problems
Delays caused by lost credits upon transfer to MSU
No unusual delay—the original length of time given to complete studies was not sufficient
Other

4. I therefore recommend that this student be allowed the additional time necessary to complete the academic program.

Academic Advisor’s Name & Title: 

School/Department: Email:

Advisor Signature: Date:

Section C: To Be Completed by OIS

Date Received:

Date I-20 Extended: By: