Form Instructions

Purpose:

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 and the DSO. A program extension is not guaranteed. Each request will be reviewed on a case-by-case basis.

Deadline for Extension:

| I-20 Expiring | Extension Request | Financial Documents |
|---------------|----------------------------|--------------------------|
| | Deadline | Deadline |
| December | September 15 th | October 30 th |
| May or August | February 10 th | March 25 th |

Form Instructions:

- 1. Complete the student information section of this form (page 1).
- 2. Have your Academic Advisor complete and turn in the advisor section of this form (page 3).
- 3. Provide updated financial documents, proving that sufficient funding is available.
 - Note that the financial documents must be original documents. Please mail the documents to:
 Office of Student Affairs, Patton Hall, Room 205, Normal, AL 35762

 Copies may be emailed to karen.mcdavis@aamu.edu.

Submitting:

Due to the multi-step process of this form, students must submit pages 1 & 3 of this form by the above Extension Request deadline. Students are encouraged to meet with their academic advisor early. Students will not be required to submit the financial documents until an extension decision has been made, but are advised to provide the original documents to the DSO as soon as possible. Students who are approved must submit the financial documents by the deadline above before they will be able to register for the following semester.

Notification:

<u>Please allow 3 weeks for processing</u>. You will be notified of the decision through your AAMU email once a determination is made.

Questions:

Please contact Ms. Karen McDavis, PDSO, at karen.mcdavis@aamu.edu.

Student Information **Please Print Clearly in Blue Ink** AAMU Student ID Number: A00______ Date: _____ Student Name: _____ First Name Last Name I-20 Expiration Date:______ AAMU Major/Program Plan: _____ Month/Day/Year AAMU Email: ______@bulldogs.aamu.edu Phone: ______ Have you previously received a program extension at AAMU? (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:

DSO Decision: _______ Decision Date: _______ DSO Name: ______ New I-20 End Date: ______ Additional Notes: ______ The international student above has been attending AAMU since the date listed in the advising section of this form and is requesting an extension of his/her I-20 in order to complete his/her academic program. Please select one of the options below to indicate whether or not an extension of their I-20 is warranted. The student has been making academic progress, warranting an extension. _____ Due to developmental coursework. _____ Extenuating circumstances. The student has not been making academic progress. A program extension is not recommended. _____ Student has had multiple change of majors. _____ Student has multiple extension requests. _____ Student has extensive hours.

DSO Signature

[Academic Advising Page to follow on next page]

| Academic Advising Information To Be Completed by AAMU Advisor | | | |
|--|---|--|--|
| | | | |
| Student Name: | | | |
| F | irst Name | Last Name | |
| one of the options below | to indicate whether or needs to finish his/her pro | heir I-20 in order to complete his/her academic program. Please select you recommend the extension. Also, please note the amount of time orgram. For immigration purposes, the student is only eligible to receive | |
| Please indicate the most | appropriate reason that | applies to this request: | |
| Delay caus Delay due year). Studies int Other com | ed by change in major fictory to student required to take the contract of the | ike developmental classes (must be making notable progress after one | |
| Semester and year stude | nt first enrolled in AAM | U credit courses: | |
| Courses student needs to (Please attach a separate Worksheet.) | | ogram: is needed. Alternatively, you can attach an AAMU Degreeworks | |
| | | | |
| • | | omplete his/her program: Th semester (9 credit hours for Graduate Students) unless it is their fina | |
| One | Two | Other (please specify) | |
| | | | |

This form must be turned in by the advisor via email to karen.mcdavis@aamu.edu

Advisor/Counselor Signature

PRINT Advisor/Counselor Name

Date