

I-20 Extension Request Form

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

University DSOs:

Students whose last names begin with M-Z:

Dr. Pamela Little, PDSO, Executive Director, Community College Relations and Global Initiatives
pamela.little@aamu.edu, 256-372-4869

Students whose last names begin with A-L:

Beatrice Porter, DSO, beatrice.porter@aamu.edu, 256-372-8122

Deadline for Extension:

I-20 Expiring	Extension Request Deadline	Financial Documents 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).
Note that the financial documents must be current documents (not older than 6 months). Please remit the original documents to your designated DSO.

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 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:

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

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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: _____

[Academic Advising Page to follow on next page]

I-20 Extension Request Form

Academic Advising Information

To Be Completed by AAMU Advisor

AAMU Student ID Number: A00_____ Date: _____

Student Name: _____
First Name Last Name

The student above is requesting an extension of their I-20 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.

Please indicate the most appropriate reason that applies to this request:

- ☐ The student has been making academic progress, warranting an extension.
- ☐ Delay caused by change in major field of study.
- ☐ Delay due to student required to take developmental classes (must be making notable progress after one year).
- ☐ Studies interrupted by documented medical condition.
- ☐ Other compelling academic reason (please explain on a separate page).
- ☐ The student has not been making academic progress. A program extension is not recommended.

Semester and year student first enrolled in AAMU credit courses: _____

Courses student needs to complete for degree program:

(Please attach a separate page if additional space is needed. Alternatively, you can attach an AAMU Degreeworks Worksheet.)

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

(Student must be in enrolled in 12 credit hours each semester (9 credit hours for Graduate Students) unless it is their final semester at AAMU)

___ One ___ Two Other (please specify) _____

PRINT Advisor/Counselor Name

Advisor/Counselor Signature

Date

This page must be emailed by the advisor to the appropriate (P)DSO

Students whose last names begin with M-Z: pamela.little@aamu.edu

Students whose last names begin with A-L: beatrice.porter@aamu.edu

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DO NOT WRITE IN THIS SECTION: FOR DSO USE ONLY

Student Name: _____ Decision Date: _____

DSO Decision: _____ New I-20 End Date: _____

DSO Name: _____

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 Printed Name

DSO Signature