

### I-20 Extension Request Form

**Section 1: To be completed by international student.  
Please print clearly and complete this section with a black/blue pen.**

<b>Last (Family) Name:</b>	<b>First (Given) Name:</b>
<b>CCC ID#:</b>	<b>Major:</b>
<b>Email Address:</b>	<b>Phone Number:</b>

**Current Physical Address:**

**SEVIS ID # (on the upper left corner of your current I-20):**

**Current Expiration Date on I-20:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Month/Day/Year)

**Do you have any F-2 dependents?**     Yes     No

**Have you already applied for graduation?**     Yes     No

**Have you already applied for Optional Practical Training (OPT)?**     Yes     No

**You experienced a delay in your program due to the following reasons:**

Change in major or field of study (*Note: You must attach an updated academic plan*).

Unexpected academic problems (*Note: You must attach an updated academic plan*).

Medical condition (*Note: You must attach a letter written by a licensed medical physician, doctor of osteopathy, or licensed clinical psychologist*).

Other, please specify: \_\_\_\_\_

**Please explain the situation in detail with a timeline of events that resulted in your failure to graduate from Cedar Crest College before the completion date on your Form I-20:**

---

---

---

---

---

---

---

---

---

---

*(continue on a separate sheet, if necessary)*

**Financial Responsibility:**  
To extend the completion date on your I-20, you must contact your sponsor and submit an updated **financial affidavit** or **financial guarantee**. Please contact International Student Services for details.

*I certify that my failure to graduate on time was due to a situation outside of my control.  
I understand that I should maintain my F-1 status, complete a full-course of study, and submit an updated financial affidavit/guarantee for my advisor(s) to process the extension of my I-20.*

**Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_

**Section 2: Please print clearly and give this form to the student's faculty and academic advisors.**

Student's Field of Study: \_\_\_\_\_ Degree Level: \_\_\_\_\_

The student experienced a delay in his or her program due to the following reason(s): (check all that apply)

- Change in major or field of study  
 Unexpected academic problems  
 Other, please specify: \_\_\_\_\_

The student is making normal progress toward his/her educational objective. Student is expected to complete his/her educational objective by: \_\_\_\_\_/\_\_\_\_\_ (Term/Year)

Faculty (Primary) Advisor's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Academic (Secondary) Advisor's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Once completed, please submit this form to International Student Services at Allen House 2<sup>nd</sup> Floor  
Or email to [internationalservices@cedarcrest.edu](mailto:internationalservices@cedarcrest.edu)

For International Student Services use only:

 Approved     Denied    DSO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date entered in SEVIS: \_\_\_\_\_