



## I-20 Program Extension Request

U.S. immigration regulations (8 C.F.R. § 214.2(f)(7)(i)) require students who do not complete their academic program by the end date listed on their I-20 to have their documentation extended **before** their current end date. Please have this form completed and returned to the International Office at least **14 days** before the end date on your current immigration documents.

Last Name: ..... First Name: .....

Student ID: .....

Please choose one justification for the extension:

- ☐ Additional time to complete courses required - please see advisor attestation below
- ☐ Additional time needed due to documented medical condition – please attach medical records and doctor letter

### To be completed by academic advisor

Academic Advisor Attestation:

**Advisor: please send an email to [OISS@WPUNJ.EDU](mailto:OISS@WPUNJ.EDU) to state the new expected graduation date and the reason beyond the student's control why an extension is needed (ex: change of major).**

I endorse and recommend an extension for this student. I attest that this student has been and continues to be enrolled in a full course of study and is making normal academic progress in their program. This request for permission to extend their stay is based on the reason above.

New expected date of completion: ...../...../.....

Academic Advisor Signature: .....

Name of Academic Advisor: .....

I attest that I have maintained my valid immigration status.

Student Signature: .....