I-20/DS-2019 EXTENSION REQUEST FORM

If your I-20 or DS-2019 is going to expire and you need more time to study in your degree or INTO OSU program please fill out this form. You must submit this form at least 7 business days prior to the end of your immigration document. Failure to do this will result in a SEVIS termination. F1 students must fill out the Online Financial Certification at ipconnect.oregonstate.edu to certify that they have enough funding to continue their studies at OSU. J1 students must show proof of funding for the entire period of their extension. Please visit our website for specific amounts.

http://international.oregonstate.edu/ois/maintaining-status/financial-documentation

Part I – To be completed by the student

Last Name (family) ____________________________ First Name (given) ____________________________

OSU ID ____________________________ Phone ____________________________ Email ____________________________

Current U.S. Address: Go to https://ipconnect.oregonstate.edu Click on Select biographical information, then Local U.S. Address E-Form. You are required to report your address to SEVIS to maintain your immigration status.

Part II – To be completed by an Academic Advisor or INTO OSU Advisor

OIS can only approve an I-20 extension due to valid academic or medical reasons. Please check what has caused a delay in the completion of the student’s program within the time shown on the I-20. (We cannot authorize a program extension if the student is currently academically suspended)

☐ Medical reasons (must be substantiated in writing by a physician who treated the condition)
☐ Inadequate time on the original I-20 or DS-2019 for the average student to complete program requirements
☐ Change of program/major field of study
☐ Change in research topic
☐ Unexpected research problems

☐ Student’s program (circle):
  ☐ INTO OSU
  ☐ Bachelors
  ☐ Masters
  ☐ PHD

☐ Has the student been making adequate progress towards their degree/program (circle): YES NO

☐ Expected completion date for degree/program (mm/dd/yy): ____________________________

☐ Grad students: date student completed required coursework: ____________________________

Comments/Reason for support: ____________________________

______________________________ Date: ____________________________

Advisor’s signature: ____________________________ Phone: ____________________________

Name and Title: ____________________________ Email: ____________________________

Department: ____________________________

Revised 3/20/18