




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: _____

Advisor’s signature: _____ Date: _____

Name and Title: _____ Phone: _____

Department: _____ Email: _____