



The University of Illinois at Springfield  
Office of International Student Services

F-1 International Student  
Program Extension Request

Print this form. Complete Section A, have your department complete Section B and return the form to the Office of International Student Services.

**A. To be completed by the student**

Family name: \_\_\_\_\_ Given name: \_\_\_\_\_  
UIN number: \_\_\_\_\_ SEVIS number: \_\_\_\_\_  
Local Address: \_\_\_\_\_  
City / State / Zip Code: \_\_\_\_\_  
Telephone number: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Major: \_\_\_\_\_ Degree: \_\_\_\_\_  
Credits completed to date: \_\_\_\_\_ Credits remaining for completion of current program: \_\_\_\_\_  
Anticipated completion date: \_\_\_\_\_ Completion date on current I-20: \_\_\_\_\_

**B. To be completed by the academic department**

Please ask your Academic Department to complete the remainder of this form.

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Academic Department: This form is provided for your convenience and is designed to facilitate the communication of information required by regulations of the U. S. Customs and Immigration Service. The international student whose name appears above wishes to apply for an extension of the time allocated for completion of his / her program of study. Please complete the remainder of this form and return it to the Office of International Student Services.

1. Is this student making normal progress toward the degree?  Yes  No
2. Do you recommend that the student be given additional time to complete the program?  Yes  No
3. The student has not yet completed the program of study due to (please check all that apply):
  - Delay caused by a change in major
  - Delay caused by lost credits upon transfer to UIS
  - No unusual delay. The original length of time given to complete studies was not reasonable for an average student in this program.
  - Other (please explain on the back of this form)

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Signature \_\_\_\_\_ Title \_\_\_\_\_

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Print Name \_\_\_\_\_ Mail Drop \_\_\_\_\_ Date \_\_\_\_\_