

**OFFICE OF INTERNATIONAL STUDENT SERVICES**

Marshall University, Old Main 320, One John Marshall Drive, Huntington, WV 25755

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## PROGRAM EXTENSION FORM

This form must be accompanied with updated financial documentation no older than 6 months. Please see the most current I-20 / DS-2019 Funding Chart for minimum funding requirements. Processing time for requests is **3-5 business days**. Please plan accordingly. Be sure to fill this form completely. You will receive email notification once your I-20 or DS-2019 is ready for pick up in the Office of International Student Services in Old Main 320.

**TO BE COMPLETED BY STUDENT:**

NAME: \_\_\_\_\_

MUID: \_\_\_\_\_ SEVIS #: N \_\_\_\_\_

MU EMAIL: \_\_\_\_\_ PHONE (U.S.): \_\_\_\_\_

U.S. ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**TO BE COMPLETED BY ACADEMIC ADVISOR:**

U.S. Citizenship and Immigration Services (USCIS) requires the following information regarding program extensions for F-1 students. Please indicate the anticipated graduation date or date student will complete all degree requirements, whichever is earliest. Additionally, please mark the best reason necessitating the extension. If a listed reason does not accurately fit the student's academic situation, please explain in the Other option. If you have questions about this request, please email the Office of International Student Services at [iss@marshall.edu](mailto:iss@marshall.edu).

A. I anticipate that this student will complete all degree requirements / graduate on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

B. This student has not yet completed the current program of study due to:

- ☐ Delays caused by a change in major field of study
- ☐ Delays caused by a change in research topic
- ☐ Delays caused by unexpected research problems
- ☐ Delays caused by lost credit hours on transfer to this school
- ☐ Other (please explain): \_\_\_\_\_  
\_\_\_\_\_

I therefore recommend that this student be allowed additional time to complete his / her studies.

Advisor Name: \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_

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