# F-1 Student I-20 REQUEST FOR EXTENSION

	Student ID:	
Questions about this form can be emailed to bsc.admissions@bi	<u>ismarckstate.edu</u>	

**ELIGIBILITY:** If an F-1 student needs to remain in an educational program beyond the date originally estimated for completion of the program, the student must apply for a program extension. This application must be made in advance of the completion date on the original I-20. An F-1 student is eligible for program extension if he or she has:

- (1) continually maintained full-time status and
- (2) the delay in completion is caused by compelling academic or medical reasons, such as changes of academic program requirements or documented illnesses.

Delays caused by academic probation, suspension or academic dishonesty are not acceptable reasons for a program extension. If a student does not complete the program within the time indicated on the I-20 and does not meet the eligibility criteria for a program extension, the student is considered out of status and must apply for reinstatement to student status.

#### STEP 1 – YOUR CONTACT INFORMATION

Your SEVIS ID #: N	Program of study at BSC:	
Last/Family Name:	Given/First Name:	
Country of Citizenship:	Date of Birth (MM/DD/YYYY):	
Your Current U.S. Street Address (in	ncluding any apartment number):	
City:	State:	Zip Code:
Your U.S. Phone Number (enter 'NO	ONE' if you do not have one):	
	il address will be used in your SEVIS record**	
Extension Start Term Request:	□Summer □Fall □Si	oring

\*You can request extension for 12 months from current program end date.

pg. 1

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#### <u>STEP 3 – FINANCIAL DOCUMENTATION FOR THE PERIOD OF THE EXTENSION</u>

- Documentation must meet or exceed Estimate of Expenses at BSC, and be a good quality image or PDF file, in color. You should send your documentation to the form so have it ready before you start your form.
  - To calculate the amount of financial support needed, go to the Step 6 Declaration of Finance found on International Student How to Apply page according to your country of citizenship:
    - https://bismarckstate.edu/admissions/howtoapply/international/
  - Other notes: If you have dependents, be sure to show additional funds: \$4,000 for a spouse and \$1,500 for first child and \$1,000 for each additional child annually.
  - Along with updated Declaration of Finance, certified banking documentation that demonstrates educational expenses for the program extension time.

Once Steps 1-3 are complete, if your extension is for an academic reason, have your advisor complete the Academic Extension portion (page 3).

- Your academic advisor/department chair will be asked to indicate your new anticipated program completion date.
- If your reason for the extension is medical, continue to page 4.
- When form is complete, continue page 5.

## **ACADEMIC EXTENSION**

### To be completed by Director of Student Advising, Advisor or Academic Dean:

The student is making academic progress in the following program of study:

The student listed on page 1 has indicated that they require additional time beyond the time frame listed on their I-20 form, Certificate of Eligibility for F-1 status (Associates).

To comply with U.S. federal regulations, the BSC Admissions Office requires that a representative of the student's academic program provide confirmation that the student is making normal academic progress and that there is a legitimate academic reason to justify the additional time.

Please complete the information below. If you have questions, please contact the Director of Admissions and Recruitment at 701-224-5429.

Degree Program:				
Updated Anticipated Program Completion Term:				
Updated Anticipated graduation date:				
The student has not yet completed the course of study due to (please choose one):  Delay caused by a change in field of study.  Delay caused by lost credits upon transfer.  No unusual delay. Original completion date unreasonable for average student in the program.  CPT				
☐ Pre-OPT ☐ Other (specify below)				
Is this student making normal progress towards their current degree?  ☐ Yes ☐ No				
Do you recommend that this student receive additional time to complete their studies: $\Box$ Yes $\Box$ No				
Academic Authorization Signature: Date:				
Name (printed):Title:				
Student's Signature: Date:				

\* The student may also be asked to submit the academic plan developed by you, the student, and your advisor.

## **MEDICAL EXTENSION**

<u>To be considered for this circumstance</u>, along with program extension form; the student must provide official documentation from a licensed medical practitioner. The medical practitioner must support the student attestation. Upload supporting documents through <u>BSC Admissions Secure File Dropbox.</u>

* You may also be asked to submit the academic plan developed by you, the student, and your advisor.			
Medical circumstances that necessitate extension (be specific):			

# FINAL STEP – SUBMIT PROGRAM EXTENSION FORM

I am requesting an extension the	rough this date:				
My I-20 is expiring on this date:	(Please put the exact program end date as listed or	n your I-20)			
With my signature, I attest that the information above is true and correct.					
Student's Signature:		Date:			
Upload this form and supporting documents through BSC Admissions Secure File Dropbox. https://sendfiles.ndus.edu/filedrop/BSC-Admissions					