Request for I-20/DS-2019 Extension of Program

A. This section is to be completed by the student.

Family Name ___________________________ First Name ___________________________
NYU ID# ______________________________ NYU School ___________________________
Field of Study/Major __________________________ Degree Level ______________________

Program Extension for (check one) :  □ I-20  □ DS-2019

By signing below, I confirm:
• I have read the extension request instructions and information in full.
• All the information I have provided is, to the best of my knowledge, accurate.
• I understand that extension requests must be submitted at least three weeks before the expiration of my I-20/DS-2019.
• I understand that the extension of my I-20/DS-2019 is contingent on F-1/J-1 immigration regulations as determined by the OGS.

Student’s Signature ___________________________ Date ___________________________

B. This section is to be completed by the academic advisor or graduate program director.

I-20/DS-2019 Program Extension Eligibility Criteria:
• To be eligible for an extension, the student must be making normal progress toward completion of degree and have academic requirements remaining.
• Extensions may only be granted to students who can demonstrate that they have compelling academic or medical reasons. (Medical reasons must have documentation.)
• Delays caused by academic probation or suspension are not acceptable reasons for program extension.

Reason for extension recommendation (check all that apply):
□ Change/addition of major field of study
□ Change in research topics
□ Unexpected research challenges
□ Sequencing issues
□ Student needs more time due to the following compelling academic or medical reason(s)
(please review Eligibility Criteria above for an explanation of what constitutes acceptable academic reason for extension):

The undergraduate academic advisor/graduate program director is not obligated to recommend a student for an I-20/DS-2019 program extension without compelling academic or medical reasons. If you cannot recommend the student, please direct them to the OGS, where an international student advisor can inform them of remaining options for completing their program.
If student will complete thesis or capstone during extension, please list student’s expected milestones/goals, and their planned timeline/deadlines.

A separate academic plan may be attached, if preferable.

Student’s expected completion date: __________________________ (term / year)

Student’s academic plan for the program extension*:

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If student will receive financial support from the department for the period of extension, please provide sum and description here:

__________________________________________________________________________

__________________________________________________________________________

As the academic advisor or graduate program director, by signing below, I certify that the student is eligible to continue their studies and recommend that the student be allowed additional time to complete degree requirements.

Full Name ___________________________ Title ___________________________
Department ___________________________ School ____________________________
Email ________________________________ Phone Extension ___________________
Signature ____________________________ Date _______________________________