F-1 Program (I-20) Extension
Academic Advisor Recommendation Form

An F-1 visa student who is currently maintaining status and making normal progress toward completing his or her degree may apply for a program extension if he/she has a compelling academic or medical reason, such as:

- A change of major or addition of a major/minor during the course of study
- A documented illness/accident which has interfered with full-time study

Academic probation or suspension are not considered acceptable reasons for a program extension.

A student must submit the request for F-1 Program/I-20 extension before the expiration date (Program End Date) on the student’s current I-20; otherwise, the student will lose his/her F-1 visa status and need to apply to the USCIS for reinstatement.

Section A: To be completed by Student:

Family/Last Name: _________________________________ First Name:______________________________

Local address: ___________________________________________________________________________

WIN Number:____________________ Phone:______________________ E-mail:____________________________

On what date will your I-20 expire?: _______/_______/_____________ (check the Program End Date on your I-20)

Section B: To be completed by Academic Advisor:

Educational level (check one):   Bachelor ______  Master _______  J.D._______

Major/s:______________________________________________________________________________

Program Extension is requested until (month/day/year): ________/________/_______________

By signing below, I verify that this student is making normal progress toward the completion of his /her degree and that I recommend that this student’s I-20 document be extended until the requested date above.

Note: In addition to this form, please include a proposed academic study plan, by semester, of the student’s remaining courses. This can be attached to this form or sent by email to international@washburn.edu

Academic Advisor’s Signature:________________________________________________    Date:________________

Name (printed):_______________________________________Department:  ________________________________

Phone ext.:________________________    E-mail:_______________________________________________________

Section C:  To be completed by Office of International Programs

Program extension is _____ / is not ______ approved.

Signature: ____________________________________________________________    Date:________________

(Revised 4/2021)