



Program Extension Request Form

PART ONE: Completed by Student

Requests for program extension must be made at least 1 month before the program end date, with support from your academic advisor. The DSO or PDSO will review your request and grant an extension if warranted within immigration regulations. U.S. Citizenship and Immigration Services (USCIS) does not allow program extensions due to delays caused by financial difficulties, failure to find employment, academic probation, or suspension.

Surname /Last Name: _____ Given /First Name: _____

CFK Student ID Number: _____ Phone Number: _____

Current program end date in Section 5 on current I-20: _____

What semester did you begin your current level of study? _____

What is the reason for your program extension? _____

Student signature: _____ Date: _____

PART TWO: Completed by Academic Advisor

U.S. Immigration regulations require that F-1 international students to study full-time, and make normal progress toward completing their degree program. If an extension is needed, it must be based on *academic* or *medical* necessity.

Advisor name: _____ Advisor email: _____

Number of credits earned to date: _____ Number of currently enrolled credits: _____

Number of earned credits counted toward graduation: _____ Total required credits for degree completion: _____

Number of credits remaining for degree completion: _____ New anticipated semester of graduation date: _____

Is the student in good academic standing? No Yes

Is the student making normal progress towards completing the degree program? No Yes

If you answered **no** to any of the questions above, please explain:

The student has not yet completed the course of study due to:

- Delay caused by a change in major, area of specialization or research topic
- Delay caused by addition of second major
- Delay caused by unexpected research difficulties
- Delay caused by lost credits upon transfer to the UALR
- Delay caused by academic probation or suspension
- Other: _____

Comments, questions, or concerns: _____

Academic Advisor Signature: _____ Date: _____

DSO/ PDSO Decision

New program end date: _____ Denial reason: _____

Notes: _____

DSO/PDSO: _____ Date: _____

Return form to the International Student Office:
The College of the Florida Keys
5901 College Road, Key West, FL 33040
international.students@cfk.edu