Advisor Certification Form For F-1 Student Program Extension
Ph: 512-245-7966, Email: international@txstate.edu
www.international.txstate.edu

Regulation 8 CFR 214.2(f)(7)(i): An F-1 student who is currently maintaining status and making normal progress toward completing his or her educational objective, but who is unable to complete his or her course of study by the program end date on the Form I-20, must apply prior to the program end date for a program extension. The delay in completion must be "caused by compelling academic or medical reasons, such as changes of major or research topics, unexpected research problems, or documented illnesses".

If a student fails to apply for an extension before the program end date, then the student is considered out of status, and is not eligible for an extension and is not eligible to have the SEVIS record corrected by the PDSO. To regain F-1 status, the student must either apply for reinstatement or exit the U.S. and apply for a new I-20.

I-20 Program Extension Procedures:
1. Student schedules an appointment with DSO to discuss program extension eligibility. Call 512-245-7966.
2. With DSO recommendation the student schedules a meeting with Academic or Faculty Advisor to discuss the delay in completion.
   a. Student requests Advisor to 1) complete Advisor’s Certification Form and 2) provide documentation that supports the program extension.
3. Student submits completed Advisor Certification Form and supporting documentation to the International Office.
4. A DSO will review the program extension request and, if approved, the student will receive a new I-20 with an extended program end date. Please allow us 3 to 5 business days to process your new I-20.

Supporting Documentation Requirements:
• Academic reason – Academic supporting documentation must address the following:
   o Academic or Faculty Advisor must provide documentation that describes 1) the compelling and valid academic reasons why the student's program could not be completed within the allotted time and 2) specify an expected date of completion of the student's program.
   o Thesis/Dissertation students must submit a Research Timeline indicating progress thus far and work needed until completion.
   o Non-Thesis/Dissertation and Undergraduate students must provide a Graduation Plan Course Schedule showing courses remaining until completion.
• Medical reason – Provide a signed letter from a medical professional that substantiates an illness or medical condition.

Invalid Reasons to Request an I-20 Program Extension:
• Delays caused by academic probation or suspension are not acceptable reasons for program extension.
• To enroll in extra courses or repeat the same course for personal interest or to improve one’s GPA
• To finish pending coursework for an incomplete grade
• To engage in non-required Curricular Practical Training (CPT)

Are you requesting a second or third program extension?
• A second I-20 Program Extension requires authorization from the Department Chair
• A third I-20 Program Extensions require authorization from the College Dean
The Department of Homeland Security (DHS) requires documentation that certifies the authenticity that a delay in completion is caused by compelling academic or medical reasons.

This form must be submitted with supporting documentation (see previous page for details).

To Be Completed by the Student

Name: ___________________________________________ Student ID#: _______________________

Family/Last Given/First

Academic Level: (circle one) undergraduate / graduate / TSIE Phone: __________________ Email: __________________

Local Address:

Street Apt number # City State Zip

Current I-20 program end date (MM/DD/YYYY): ______________________

This program extension request is my □ First □ Second □ Third

I understand that I must submit a Research Timeline or Graduation Plan course schedule. □

Student Signature: ______________________________________ Date: ____________________

To Be Completed by Academic or Faculty Advisor

A delay caused by academic probation or suspension are not acceptable reasons for a program extension.

The student’s delay in completion is caused by:


☐ Extensive background requirements or prerequisite courses including TSIE (intensive English courses)

☐ Documented medical illness (supporting documentation from a medical professional is required)

I expect this student will complete his or her studies on ______________________

Month Day Year

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

Advisor’s Signature: ___________________________ Phone Number: ___________ Date: ___________

Printed Name: ___________________________ Title: ___________________________ Email: __________________

A Second or Third Program Extension Request requires further authorization

A SECOND program extension must be authorized by the Department Chair

Printed Name: ___________________________ Date: ___________

Department Chair Signature: ___________________________ Email: __________________

A THIRD program extension must be authorized by the College Dean

Printed Name: ___________________________ Date: ___________

College Dean Signature: ___________________________ Email: __________________

This form must be completed in its entirety otherwise the program extension request will not be processed.

Form must be emailed by advisor to international@txstate.edu or student must turn in original form.