

STUDENT:

## **F-1 Program Extension**

| Last Name:   | First Name:                            | UID:   |
|--|--|--|
| You may receive an extension of your<br>F-1 status to qualify. You CANNOT be           |  | or medical reasons. You must have maintained<br>following reasons:   |
| <ul> <li>Academic Probation or Susper</li> <li>To repeat courses to improve</li> </ul> |  |  |
| - To enroll in extra, non-require  |  |  |
|  | own to violate U.S. federal regulation | ns for F-1 students.   |
| You must request a program extension to have your program extended after               |  | n your current Form I-20. You will not be able<br>I be out-of-status.  |
| Student's Signature:   |  | Date:  |
| reasons, or a Designated School Offic  | cial (DSO) error. An F-1 student's pro | o compelling academic reasons, medical<br>ogram cannot be extended for any of the<br>bove-named student requires a program |
| Student was not given an approp  | riate program end date when they b     | began their studies at Tarleton.   |
| Medical Reason (Student must ha  | ave previously received a Reduced (    | Course Load for medical reasons)   |
| Change of Major  |  |  |
| Change of research topic/unexpe  | cted research issues                   |  |
| Other compelling academic reaso  | on (Please explain in the comments)    |  |
| When is the student's new projected of   | late of graduation? (up to twelve mo   | nths)  |
| Comments (if any):   |  |  |

Advisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Once complete and signed by the student and the academic advisor, return this form to internationalstudents@tarleton.edu.