

STUDENT:

F-1 Program Extension

Last Name:	First Name:	UID:
You may receive an extension of your F-1 status to qualify. You CANNOT be		or medical reasons. You must have maintained following reasons:
 Academic Probation or Susper To repeat courses to improve 		
- 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 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 ogram cannot be extended for any of the 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.