

Degree Program Extension Request Form

600 Lincoln Avenue Charleston, IL 61920 Blair Hall, Room 1170 Phone: 217-581-2321

Email: interntl@eiu.edu

The following is required by this office when a student exceeds the time limitation for completion of studies set forth on his/her immigration document. Please complete and return this form to the Office of International Students and Scholars (OISS). **DEADLINE TO SUBMIT IS TWO WEEKS PRIOR TO CURRENT PROGRAM END DATE!**

Please Note: Non-immigrant students on F-1 visas must be enrolled for a full course of study and must be making satisfactory progress toward their degree. Full-time for an undergraduate is defined as 12 semester hours; for a graduate it is 9 semester hours. Any student wishing to register for a reduced course load should consult with an international program advisor and secure the appropriate documentation prior to finalizing the reduction in registration. Failure to do so will jeopardize a student's legal status in the United States.

Student Information:			
Student information.			
Family (Last) Name	First Name	Middle Name	
Program (Major) of Study	EIU E-Number	SEVIS ID # (Upper Left Co	orner of I-20)
Email Address	US Phone Number		
Verification by Academic Department: This section must be completed by an Academic Advisor for international undergraduate students and by Graduate Coordinators for international graduate students. I certify that this student is working towards a:			
Bachelor's Degree Second Bachelor's Degree Master's Degree			
Please choose one of the following reason(s) for the extension request:			
Change of Major Thesis Continuation			
Co-op/Internship Medical (Letter must be received)			
Other (Please explain):			
New Date of Program Completion:			
I expect the requirements for this degree program to be completed in (month & year)			
Signatures:			
To the best of my knowledge, the information pertaining to this student is accurate and complete.			
Coordinator's/Advisor's Name:			
Coordinator's/Advisor's Office Address:			
Coordinator's/Advisor's Phone Number:			
Academic Advisor Signature: Date of Signature:			
For OISS use only:			
Reviewed By:		Date:	_
Request Completed By:		Date:	